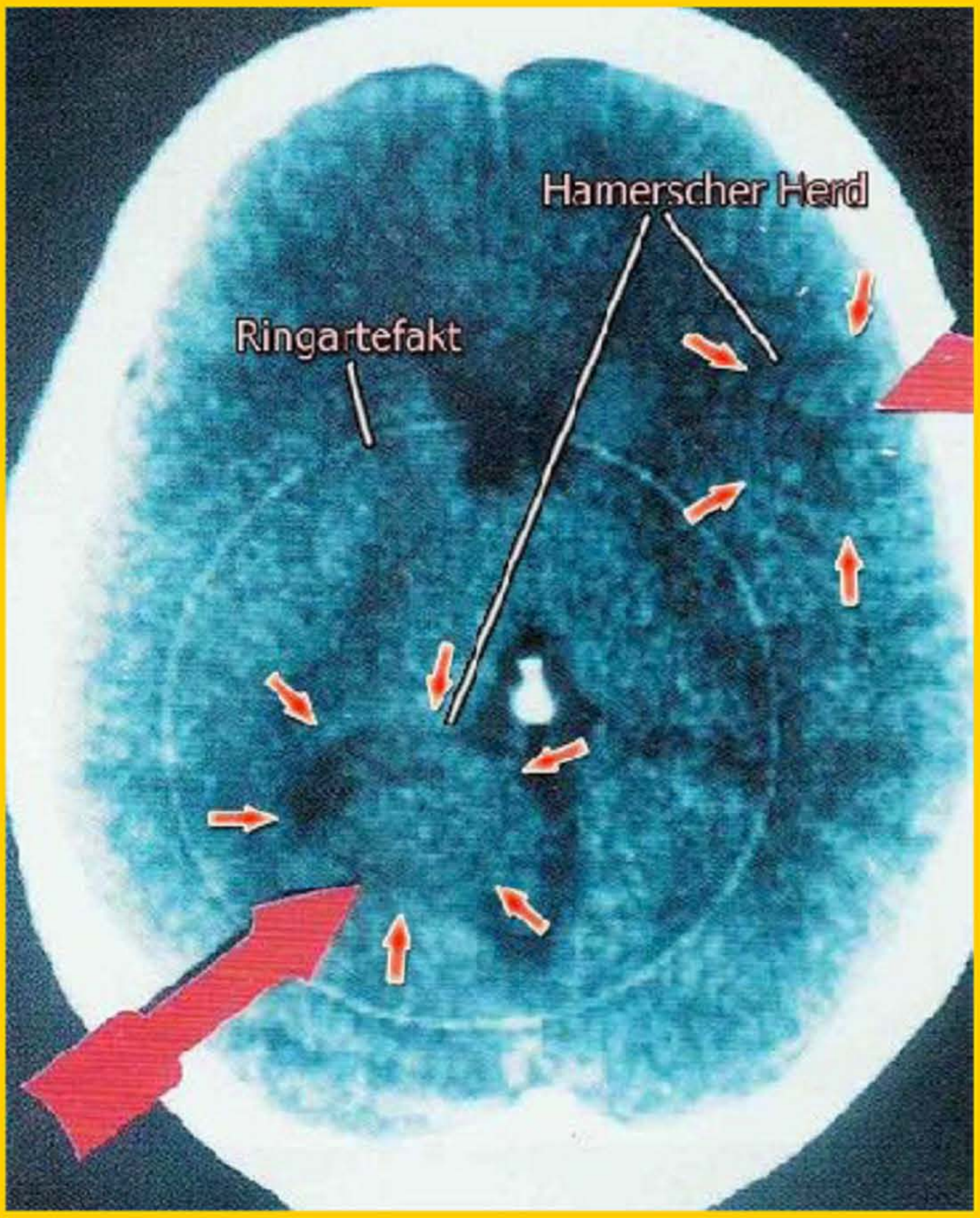
RYKE GEERD HAMER

GERMAN NEW MEDICINE

A HOLISTIC CANCER THERAPY



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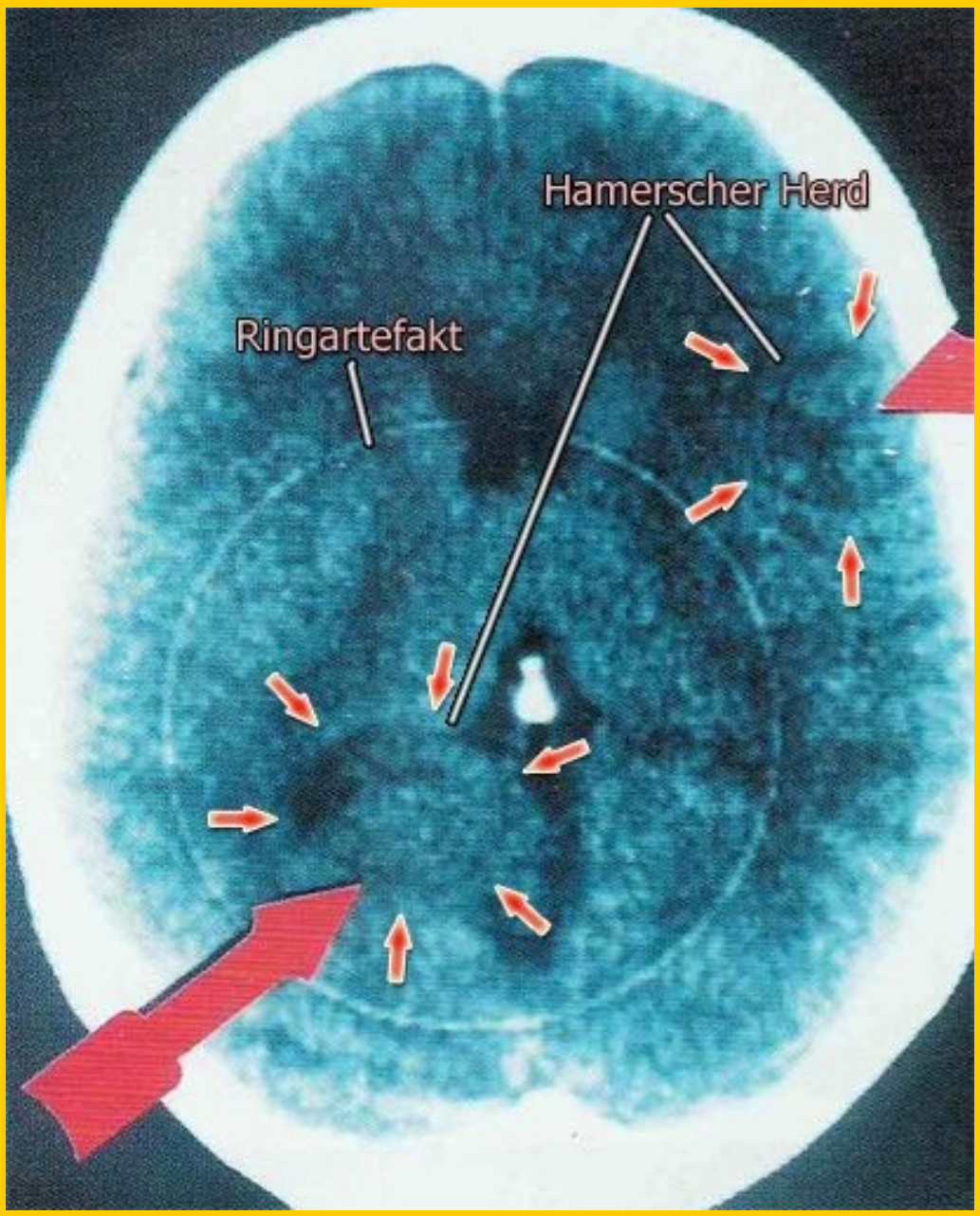

GERMAN NEW MEDICINE

PRINCIPLES OF HOLISTIC MEDICINE
QUALITY OF LIFE AND HEALTH

BY
RYKE GEERD HAMER

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GNM

GERMAN NEW MEDICINE® (GNM)

The New Medical Paradigm

© By Caroline Markolin, Ph.D., Vancouver, Canada

INTRODUCTION

On August 18, 1978, Dr. Ryke Geerd Hamer, M.D., at the time head internist in the oncology clinic at the University of Munich, Germany, received the shocking news that his son Dirk had been shot. Dirk died in December 1978. A few months later, Dr. Hamer was diagnosed with testicular cancer. Since he had never been seriously ill, he immediately surmised that his cancer development might be directly related to the tragic loss of his son.

Dirk's death and his own experience with cancer prompted Dr. Hamer to investigate the personal history of his cancer patients. He quickly learned that, like him, they all had gone through some exceptionally stressful episode prior to developing cancer. The observation of a mind-body connection was not really surprising. Numerous studies had already shown that cancer and other diseases are often preceded by a traumatic event. But Dr. Hamer took his research a momentous step further. Pursuing the hypothesis that all bodily events are controlled from the brain, he analyzed his patients' brain scans and compared them with their medical records. Dr. Hamer discovered that every disease—not only cancer!—is controlled from its own specific area in the brain and linked to a very particular, identifiable, "conflict shock". The result of his research is a **scientific chart** that illustrates the biological relationship between the psyche and the brain in correlation with the organs and tissues of the entire human body (the English "Scientific Chart of GNM" is available through the **GNM Bookstore**).

Dr. Hamer came to call his findings "**The Five Biological Laws of the New Medicine**", because these biological laws, which are applicable to any patient's case, offer an entirely new understanding of the cause, the development, and the natural healing process of diseases. (In response to the growing number of misrepresentations of his discoveries and to preserve the integrity and authenticity of his scientific work, Dr. Hamer has now legally protected his research material under the name German New Medicine® (GNM). The term "New Medicine" could not be copyrighted internationally).

In 1981, Dr. Hamer presented his findings to the Medical Faculty of the University of Tübingen as a post-doctoral thesis. But to this day, the University has refused to test Dr. Hamer's research in spite of its legal obligation to do so. This is an unprecedented case in the history of universities. Similarly, official medicine refuses to approve his discoveries

despite some 30 scientific verifications both by independent physicians and by professional associations.

Shortly after Dr. Hamer submitted his thesis, he was given the ultimatum to renounce his discoveries or have his contract renewal at the University clinic denied. In 1986, even though his scientific work had never been impeached, much less disproved, Dr. Hamer was stripped of his medical license on the grounds that he refused to conform to the principles of standard medicine. Yet he was determined to continue his work. By 1987 he was able to extend his discoveries to practically every disease known to medicine.

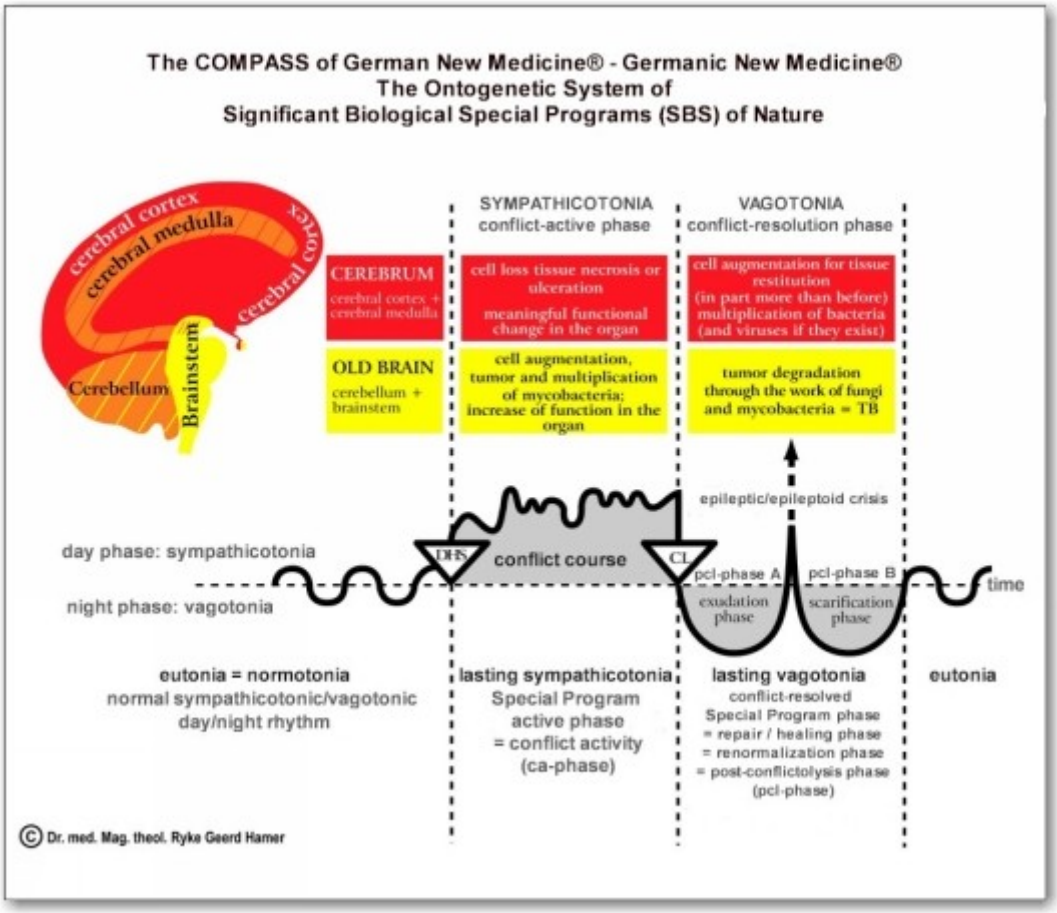
Dr. Hamer has been persecuted and harassed for over 25 years, in particular by the German and French authorities. Since 1997, Dr. Hamer has been living in exile in Spain, where he carries on with his research and where he continues to fight for official recognition of his "New Medicine". But as long as the University of Tübingen's medical faculty maintains its delay tactics, patients all over the world will be denied the benefit of Dr. Hamer's revolutionary discoveries.

THE ORIGIN OF DISEASE IN THE BRAIN

Dr. Hamer established that "every disease is caused by a conflict shock that catches an individual completely off guard" (First Biological Law). In honor of his son, Dr. Hamer called this unanticipated stressful event a Dirk Hamer Syndrome or DHS. Psychologically speaking, a DHS is a very personal incident conditioned by our past experiences, our vulnerabilities, our individual perceptions, our values and beliefs. Yet, a DHS is not a merely psychological but rather a biological conflict that has to be understood in the context of our evolution.

Animals experience these biological shocks in concrete terms, for example, through a sudden loss of the nest or territory, a loss of an offspring, a separation from a mate or from the pack, an unexpected threat of starvation, or a death-fright. Since over time the human mind acquired a figurative way of thinking, we can experience these biological conflicts also in a transposed sense. A male, for instance, can suffer a "territorial loss conflict" when he unexpectedly loses his home or his workplace; a female "nest conflict" may be a concern over the well-being of a "nest member"; an "abandonment conflict" can be triggered by an unforeseen divorce or by being rushed to the hospital; children often suffer a "separation conflict" when Mom decides to go back to work or when the parents split up.

By analyzing thousands of brain computer tomograms (CT) in relation to his patient's histories, Dr. Hamer discovered that the moment a DHS occurs, the shock impacts a specific, predetermined area in the brain, causing a "lesion" that is visible on a CT scan as a set of sharp concentric rings (In 1989, Siemens, the German CT scanner manufacturer, certified that these ring formations are not artifacts of the equipment). Upon impact, the affected brain cells communicate the shock to the corresponding organ, which in turn responds with a particular—predictable!—alteration. The reason why specific conflicts are indissolubly tied to specific brain areas is that during our historical evolution, each part of the brain was programmed to respond instantly to conflicts that could threaten our survival. While the "old brain" (brain stem and cerebellum) is programmed with basic survival issues that relate to breathing, eating, or reproduction, the "new brain" (cerebrum) is encoded with more advanced themes such as territorial conflicts, separation conflicts, identity conflicts, and self-devaluation conflicts.



Dr. Hamer's medical research is firmly tied to the science of embryology, because whether the organ responds to a conflict by a tumor growth, by tissue meltdown, or by functional impairment is determined by the embryonic germ layer from which both the organ and corresponding brain tissue originate (Third Biological Law).

GNM's "Ontogenetic System of Tumors" illustrates that "old-brain"-controlled organs, which derive from the endoderm or the "old-brain"-mesoderm, like the lungs, liver, colon, prostate, uterus, corium skin, pleura, peritoneum, pericardium, breast glands, etc., always generate cell proliferation as soon as the corresponding conflict occurs. Tumors of these organs therefore develop exclusively during the conflict-active phase (initiated by the DHS).

Let's take lung cancer, for example: The biological conflict linked to lung cancer is a "death-fright conflict", because in biological terms the death panic is equated with being unable to breathe. With the shock of the death-fright the lung alveoli cells, which regulate breathing, instantly start to multiply, forming a lung tumor. Contrary to the conventional view, this multiplication of lung cells is not a pointless process but serves a very definite biological purpose, namely, to increase the capacity of the lungs and thereby optimize the organism's chance of survival. Dr. Hamer's brain scan analyses demonstrate that every person with lung cancer shows a distinct target ring configuration in the corresponding area in the brain stem, and that each patient had suffered an unexpected death panic prior to the onset of cancer. In the majority of cases the death scare was triggered by a cancer diagnosis shock that the person experienced as a "death sentence". Given that smoking is on the decrease, this sheds new light on the enigmatic increase of lung cancer ("The #1 Killer") and calls into question whether smoking is per se an actual cause of lung cancer.

Glandular breast cancer, according to Dr. Hamer's findings, is the result of either a "mother-child" or a "partner worry" conflict. These types of conflict always impact the "old brain" in the area that controls the milk-producing glands. A female can suffer a mother-child worry conflict when her offspring is suddenly injured or seriously ill. During the conflict-active stress phase, the breast gland cells continually multiply, forming a tumor. The biological purpose of the cell proliferation is to be able to provide more milk for the suffering offspring and thus speed up healing. Every female human and mammal is born with this age-old biological response program. Dr. Hamer's many case studies show that women, even when not breast feeding, developed a tumor in the breast glands from obsessively worrying about the well-being of a loved one (a child who is in trouble, a parent who is ill, or a dear friend who is a cause for concern).

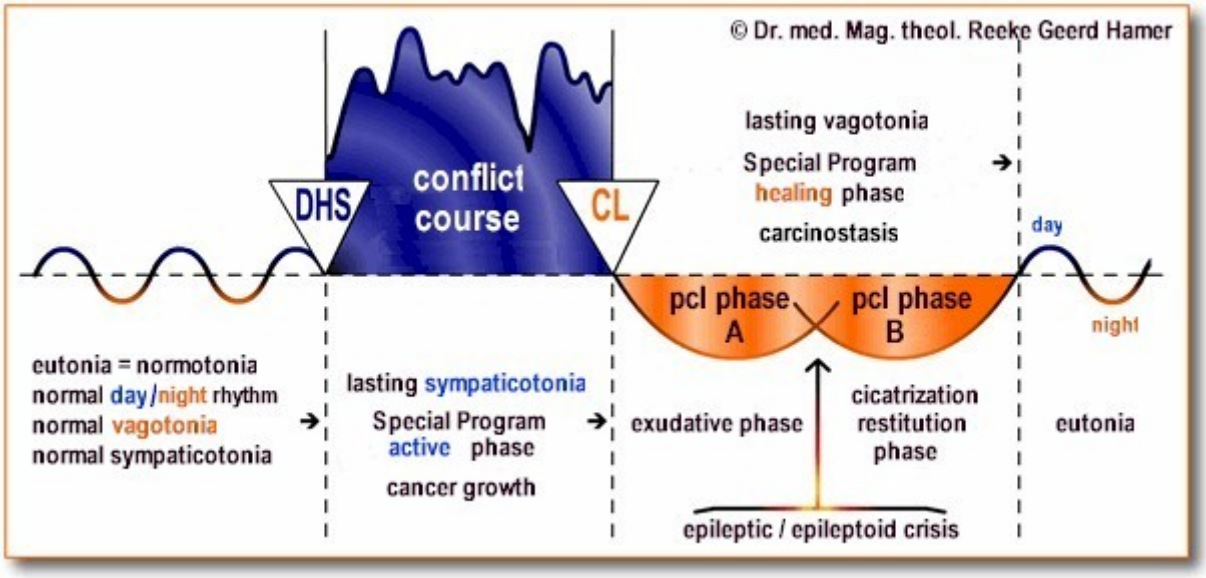
What has been said about lung cancer and breast cancer equally applies to all other cancers that originate in the "old brain". Each is triggered by a specific conflict shock that activates a "Meaningful Special Biological Program" (Fifth Biological Law) which allows the organism to override everyday functioning and deal physically with the emergency

situation. For each type of conflict there is a brain relay from where the particular biological program is coordinated.

While "old-brain"-controlled organs generate a tumor growth during the conflict-active phase, the opposite is the case with all organs that are controlled from the cerebrum ("new brain"). Concerning the embryonic germ layer, all cerebrum-directed organs and tissues (ovaries, testicles, bones, lymph nodes, epidermis, lining of the cervix, bronchial tubes, coronary vessels, milk ducts, etc.) originate from the ectoderm or the "new-brain"-mesoderm. The moment the conflict occurs, the biologically corresponding organ tissue responds with cell degeneration. Necroses of the ovaries or testicles, osteoporosis, bone cancer, or stomach ulcers, for example, are conditions that only occur while a person is in a state of emotional distress in regards to the related conflict. As is to be expected, the tissue loss has a biological significance.

Let's take, for example, the tissue of the milk duct lining. Since the squamous epithelial lining of the milk ducts developed at a much later time than the milk-producing glands, this younger tissue is controlled from a younger part of the brain, namely, the cerebral cortex. The biological conflict of the milk duct lining is a "separation conflict" experienced as if "my child [or my partner] was torn from my breast". A female mammal can suffer such a conflict when her offspring is lost or killed. As a natural reflex to the conflict the tissue of the milk duct lining starts to ulcerate. The purpose of the tissue loss is to increase the diameter of the ducts, because with enlarged ducts the milk that is no longer used can drain off easier and doesn't get congested in the breast. Every woman's brain is programmed with this biological response. Since the female breast is, biologically speaking, synonymous with caring and nurturing, women suffer such a conflict by unexpected separation from a loved one they intensely care for. There are virtually no physical symptoms during the conflict-active phase, except occasional light "pulling" in the breast.

THE TWO-PHASE-PATTERN OF EVERY DISEASE



Dr. Hamer also discovered that, provided there is a resolution of the conflict, every disease proceeds in two phases, (Second Biological Law). During the first, or conflict-active phase,

the entire organism is geared to dealing with the conflict. While a meaningful cell alteration runs its course on the physical level, the psyche and the vegetative autonomous system also try to handle the unexpected situation. Switched into a stress state (sympathicotonia), the mind becomes completely pre-occupied with the conflict contents. Sleep disturbances and lack of appetite are typical symptoms. Biologically speaking, this is vital, because the focus on the conflict and the extra waking hours provide the right conditions for working through the conflict and finding a resolution. The conflict-active phase is also called the "cold phase". Since the blood vessels are constricted during stress, typical symptoms of conflict activity are cold extremities (particularly cold hands), the shivers, and cold sweats. The intensity of the symptoms is naturally dependent on the magnitude of the conflict.

If a person remains in an intense conflict-active state over a long period of time, the condition can be fatal. But Dr. Hamer proves beyond reasonable doubt that an organism can never die of cancer, in and of itself. A person can die as a result of mechanical complications of a tumor that, for example, occludes a vital organ such as the colon or the bile ducts, but in no way can cancer cells, as such, cause death. In German New Medicine the distinction between "malignant" and "benign" cancers is entirely meaningless. The term "malignant" is an artificial construct (the same applies to tumor markers) that simply indicates that the activity of cell reproduction has exceeded a certain arbitrary limit.

If a person dies during the conflict-active phase, it is usually because of energy loss, weight loss, sleep deprivation, and emotional and mental exhaustion. Often, it is a devastating cancer diagnosis or a negative prognosis—"You have six months to live!"—that throws cancer patients (including their loved ones) into a state of despair. With little or no hope, and deprived of their life-force, they waste away and eventually die of cachexia, an agonizing process that conventional cancer treatments only accelerate.

If the patient has not undergone any conventional treatment (especially chemotherapy or radiotherapy), GNM has a success rate of **92 to 98 percent**. Ironically these statistics for Dr. Hamer's remarkable success rate were delivered by the authorities themselves. When Dr. Hamer was arrested in 1997 for having given three people medical advice without a medical license, the police confiscated his patients' files and had them analyzed. Subsequently, one public prosecutor was forced to admit during the trial that, after five years, 6,000 out of 6,500 patients with mostly "terminal" cancer were still alive. With conventional treatment the figures are generally just the reverse. According to epidemiologist and biostatistician Dr. Ulrich Abel (Germany), "Success of most chemotherapies is appalling…There is no scientific evidence for its ability to extend in any appreciable way the lives of patients suffering from the most common organic cancer… Chemotherapy for malignancies too advanced for surgery, which accounts for 80% of all cancers, is a scientific wasteland." (Lancet 1991).

THE BODY HEALS ITSELF

The resolution of the conflict signals the beginning of the second phase of the biological program. Our emotions and our organism switch immediately into a healing mode assisted by the vegetative system's switch into "vagotonia". During the healing phase the appetite returns, but we are very tired (we might not even be able to get out of bed). Rest and supplying the organism with nutrients are essential while the body is trying to heal. The second phase is also called the "warm phase", as during vagotonia the blood vessels are enlarged, causing warm hands, warm feet, and warm skin.

With the resolution of the conflict there is also an instant change at the organ level. Cell proliferation ("old-brain"-controlled tumor growth) or cell meltdown ("new-brain"-controlled tissue loss) immediately comes to a halt, and the appropriate repair process is set in motion. An area that necrotized or ulcerated during the conflict-active phase is now being refilled and replenished with new cells. This is usually accompanied with potentially painful swelling, caused by an edema that protects the tissue while it is healing. Other typical repair symptoms are hypersensitivity, itching, spasm (if muscle tissue is involved), and inflammation. Examples of "diseases" that only occur in the healing phase are: certain skin disorders, hemorrhoids, laryngitis, bronchitis, arthritis, atherosclerosis, bladder or kidney disorders, certain liver diseases, and infections (see below).

Based on the observation of cell multiplication (mitosis) and the standard distinction between "benign" and "malignant" tumors, conventional medicine interprets the natural cell production of healing tissues as a "malignancy". In GNM we likewise distinguish two types of tumors. But the tumors are not divided into "good" and "bad" ones; rather they are classified according to their tissue type and the part of the brain from which they originate and are controlled. There are those tumors which develop exclusively during the conflict-active phase (lung tumor, colon tumor, liver tumor, uterus tumor, prostate tumor, etc.) and, conversely, those that result from the natural repair process. As with "old-brain"-controlled cancers, the tumor growth is neither accidental nor meaningless since the cell proliferation stops as soon as the tissue is mended. Testicular cancer, ovarian cancer, lymphoma, non-Hodgkin's lymphoma, various types of sarcoma, bronchial and laryngeal carcinoma, and cervical cancer are all of a curative nature and are exclusively phenomena of the healing phase. Provided that the healing process is not interrupted through medication or a conflict relapse, these tumors eventually degrade during the completion of the healing phase.

The second type of breast cancer, the "ductal carcinoma in situ" (DCIS), also falls into this category. While a glandular breast cancer is an indication that a woman is in the active

phase of a worry conflict, an intra-ductal cancer is a positive sign that the related separation conflict ("torn from my breast") has been resolved. A woman doesn't develop breast cancer without a reason! Neither does she develop breast cancer by coincidence in precisely her right or left breast.

THE SIGNIFICANCE OF OUR BIOLOGICAL LATERALITY

Dr. Hamer found that our laterality determines whether a disease, like cancer, develops on the right or left side of the body. This is the rule: a right-handed person responds to a conflict with his/her mother or children with the left side of the body, but responds to a conflict that relates to a "partner", e.g., father, sibling, relative, friend, colleague, etc., with the right side. For left-handers it is the reverse. There is always a crossover relation from the brain to the body, because each hemisphere of the brain (excluding the brain stem) directs the opposite side of the body.

The simplest way to identify our biological laterality is the clapping-test. The hand on top is the leading hand and indicates whether we are right-handed or left-handed. Thus, a breast cancer in the right breast, an ovarian cyst on the left ovary, a skin disorder on the right or left side (or both), a motor paralysis on the left side (e.g., after a stroke), give us a first indication "who" was involved when the original conflict took place. Concerning more advanced conflicts (and brain regions), the hormone status also has to be taken into account for an accurate assessment.

THE BENEFICIAL ROLE OF MICROBES

Another aspect of Dr. Hamer's research has been the role of microbes during disease development. This, in brief, is what he found (Fourth Biological Law): Microbes such as fungi, bacteria, and viruses are only active during the healing phase, and the manner in which they operate is fully in accordance with evolutionary logic. Tubercular bacteria, for example, populate only "old-brain"-controlled tissues. Their function during the repair phase is to decompose tumors that are now superfluous, e.g., lung tumors, colon tumors, kidney tumors, prostate tumors, uterus tumors, breast gland tumors, melanomas, and mesothelioma. Tubercular bacteria are essential for breaking down the buildup of "disposable cells" that proliferated for a biological reason during the conflict-active phase. If the required bacteria are not available, due to vaccination, overuse of antibiotics, or chemotherapy treatment, the tumor cannot disintegrate properly. As a result, it stays in place and encapsulates harmlessly. Detected in a routine check-up, however, such an encapsulated growth can lead to a "cancer" diagnosis and, potentially, new conflict shocks with new symptoms. By understanding the biological laws of disease development this prospect can be virtually eliminated.

While bacteria break down tumor cells that are no longer needed, viruses appear to be involved in the healing process of exclusively cerebral cortex-controlled tissues (e.g., bronchia, nasal membrane, stomach lining, lining of the bile ducts, and epidermis). Hepatitis, pneumonia, herpes, influenza, and stomach flu, are indications that a "virulent" but natural healing process is running its course. Concerning the role of viruses, Dr. Hamer prefers to speak of "hypothetical viruses" since lately the existence of viruses is called into question. This would be in line with Dr. Hamer's earlier findings that the reconstruction and restoration process of ulcerated or necrotized tissue still occurs, even if the tissue-related viruses are not present.

The dilemma in which conventional medicine finds itself is that by failing to recognize the two-phase pattern of every disease, the first, conflict-active phase, routinely gets overlooked. Since microbes are only active during the healing phase, and since the activity of microbes is typically accompanied by swelling, fever, pus, discharge, and pain, microbes are considered malevolent and the cause of infectious diseases. But microbes do not cause the disease. After all, it is our organism that employs the microbes to optimize the healing process. Microbes can, of course, be transmitted, but they remain dormant until the person is in the healing phase of the same type of conflict.

QUESTIONING METASTASIS

Based on GNM's "Ontogenetic System of Tumors", the widely propagated theory of metastasis that suggests that cancer cells travel through the blood or lymph vessels and cause cancers at new sites is, in Dr. Hamer's words, "pure academic fiction". Cells in general and cancer cells in particular can under no circumstances change their histological structure or cross the germ layer threshold. For example, a lung tumor cell, which is of endodermal origin, controlled from the brain stem ("old brain"), and which proliferates during the conflict-active phase cannot transform itself into a bone cell, which is of mesodermal origin, controlled from the cerebrum ("new brain"), and which deteriorates during a conflict-active decalcification process. In the scenario "lung cancer metastasizes into the bones", the lung cancer cells would actually be creating a hole (i.e., cell meltdown! —the reverse of a cancer) in some bone in the body. We also have to ask ourselves why cancer cells rarely "spread" to the closest neighboring tissue, e.g., from the uterus to the cervix. If cancer cells travel via the blood stream, why is donated blood not screened for cancer cells? Why are there not multitudinous tumors found in the walls of the blood vessels of cancer patients?

Two years ago, on August 19, 2004, the Canadian newspaper *Globe and Mail* published an article entitled, "Researchers Chase Breast-Cancer Blood Test", containing the revealing statements, "The hunt for tumor cells in the blood stream has taken 10 years… ", and,

"until recently no technology existed to reliably pluck out the odd tumor cell from the millions of red and white blood cells contained in a single vial of human blood." Besides the fact that the "chase" is far from over (as the article indicates), doesn't this imply that the "metastasis" hypothesis was misinforming the public and was scaring millions of cancer patients to death for over four decades?

Dr. Hamer does not, of course, dispute the fact of second cancers, but these subsequent tumors are not caused by migrating cancer cells that miraculously transform into a different cell type, but rather by new conflict shocks. New DHSs can be initiated by additional traumatic life experiences or through diagnosis shocks. As already mentioned, an unexpected diagnosis of cancer, or being told that it is "metastasizing" can trigger a death-fright (causing lung cancer) or any other type of diagnosis-related shock, causing new cancers in other parts of the body. In many cases these patients don't make it into the healing phase, because the severe state of stress weakens them to a point where they have very little chance of surviving the highly toxic chemotherapy treatment.

The second most frequent cancer after lung cancer is bone cancer. Dr. Hamer found that our bones are biologically linked to our self-esteem and our self-worth. Thus, being told one has a "life-threatening illness", especially one that allegedly "spreads like wildfire" through the body, is equated with: "now I am useless", and the bone(s), next to where we feel "useless" start to decalcify (in the case of breast cancer often in the area of the sternum or the ribs). Just as with a fractured bone, the purpose of the biological program (of the "disease") appears at the end of the healing phase. When the repair phase is completed, the bone will be much stronger at that site, thus assuring that we are better equipped for the eventuality of a new "self-devaluation conflict".

THE NATURE OF BRAIN TUMORS

Once the conflict has been resolved, the brain lesion—along with the psyche and the organ—also enters the healing phase. As with any wound that is being repaired, an edema (excess fluid) develops to provide protection of the recovering neural tissue. On the brain scan the changes are clearly noticeable: the sharp target rings submerge in the edema and appear now as blurry, indistinct and dark.

At the height of the healing phase, when the brain edema has reached its maximum size, the brain triggers a brief, strong push that expels the edema. In GNM terminology, this counter regulation is called the "Epileptoid Crisis" (EC). During this crisis, the entire organism is thrust briefly into a state of sympathicotonia, i.e., re-living the typical symptoms of the conflict-active phase such as cold sweats, cold extremities, a fast heartbeat, and nausea. The intensity and duration of this pre-programmed crisis is determined by the intensity and the duration of the preceding conflict. Heart attacks, strokes, asthma attacks, and epileptic seizures are just a few examples of this crucial

turning point. The type of "crisis" always depends on the nature of the conflict and the precise brain area involved.

After the brain edema has been pressed out, neuroglia, which is brain connective tissue that provides structural support for neurons, assembles at the site to restore the function of the nerve cells that were affected by the conflict shock (DHS). It is this natural glia accumulation that conventional medicine labels as a "brain tumor", with often dire consequences for the patient. Dr. Hamer established already in 1981 that a "brain tumor" is not a disease in itself, but symptomatic of a healing phase that runs parallel in the organ (controlled from the correlated area of the brain that is simultaneously undergoing the repair phase). "Metastatic brain cancers", therefore, do not exist either.

GNM THERAPY (in a nutshell)

The very first step in GNM therapy is to provide an understanding of the biological nature of a symptom, e.g., a certain cancer, in relation to its psychical cause. A brain scan and a thorough medical history are vital to determine whether the patient is still conflict-active or is already healing. If still in the active phase, the focus is to identify the original DHS and to develop a strategy to resolve the conflict. It is crucial to prepare the patient for the healing symptoms and for potential complications. These symptoms are very predictable! Dr. Hamer's findings provide us—for first time in the history of medicine—with a reliable system that allows us not only to understand but also to predict the development and symptoms of each and every disease. This is real preventive medicine, an aspect of German New Medicine which can hardly be emphasized enough. True prevention requires an understanding of the real cause of a disease, and that is what Dr. Hamer's research supplies in splendid detail. By understanding the "Five Biological Laws" of the cause and healing process of disease we can free ourselves from the fear and panic that often come with the onset of symptoms. This knowledge is more than power, it can save lives.

Caroline Markolin, Ph.D., is a full-time German New Medicine® teacher, trained and approved by Dr. Hamer.

GNM

GERMAN NEW MEDICINE®

All medical theories, whether conventional or "alternative", past or current, are based on the concept that diseases are "malfunctions" of the organism. Dr. Hamer's discoveries show however that nothing in Nature is "diseased" but always biologically meaningful. According to the Five Biological Laws, diseases are not malignancies, as proposed by conventional medicine, but instead are age-old "**Biological Special Programs of Nature**" that assist an individual during unexpected emotional distress.

Firmly anchored in our knowledge of embryology, German New Medicine is a **true natural science.** This means that the Five Biological Laws are verifiable in any given case at any given time. Since 1981, Dr. Hamer's findings have been tested more than 30 times by several physicians and professional associations through signed documents (see Verifications). All documents attest to the 100% accuracy of Dr. Hamer's discoveries.

The Five Biological Laws are at the same time in perfect harmony with spiritual laws. Because of this truth, the Spanish call GNM "La Medicina Sagrada", the **Sacred Medicine**.

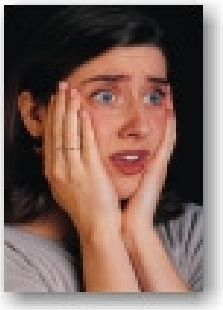
Since 1981, Dr. Hamer's findings have been **tested and verified** more than 30 times by several physicians and professional associations through signed documents (see Verifications).

THE FIVE BIOLOGICAL LAWS

FIRST BIOLOGICAL LAW

The First Criterion

Every SBS (Significant Biological Special Program) originates from a DHS (Dirk Hamer Syndrome), which is an unexpected, highly acute, and isolating conflict shock that occurs simultaneously in the PSYCHE, the BRAIN, and on the corresponding ORGAN.



In GNM terminology, a “conflict shock” or DHS refers to an emotionally distressing situation that we could not anticipate and for which we were not prepared. Such a DHS can be triggered, for example, by an unexpected separation or loss of a loved one, unexpected anger or worry, or by a sudden diagnosis or prognosis shock. A DHS differs from a psychological “issue” or an everyday stress situation insofar as an *unexpected* conflict shock involves not only the psyche but also the brain and the body.

From a biological point of view, “unexpected” implies that, unprepared for, the situation could potentially be detrimental for the one, who was caught off-guard. In order to assist the individual during such an unanticipated crisis, a **Significant Biological Special Program**, created for exactly that particular situation, is instantly set into motion.

Since these age-old meaningful survival programs are inherent in all organisms, including us humans, we speak in GNM of **biological conflicts** rather than of psychological conflicts.

Animals experience these biological conflicts in real terms, for example, when they lose their nest or territory, when they are separated from a mate or an off-spring, when they are attacked by an opponent, when they suffer a threat of starvation or a death-fright.

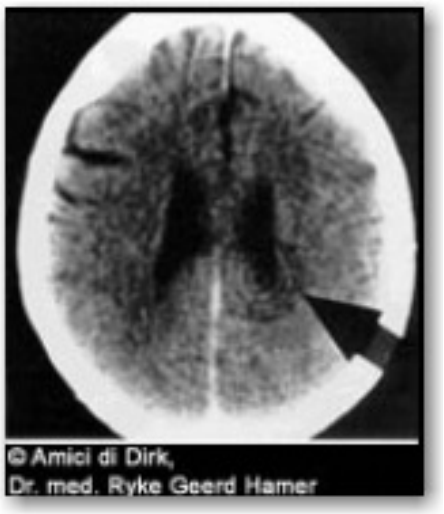
Sorrow over the loss of a mate

Since we humans are able to interact with the world in literal and symbolic terms, we can suffer these conflicts also in a figurative sense. For example, a “territorial loss conflict” can translate into the loss of a home or a workplace, an “attack conflict” can be experienced through an offending remark, an “abandonment conflict” can be caused by feeling isolated and excluded from ”the pack“, or a “death-fright conflict” can be triggered by a diagnosis shock that is perceived as a death-sentence.

NOTE: Undernourishment, poisoning, or injuries can result in organ dysfunction(s), without a DHS!

Here is what happens in the psyche, the brain, and the corresponding organ, the moment a DHS takes place:

LEVEL OF THE PSYCHE: the individual is emotionally and mentally in distress.



BRAIN LEVEL: The moment the DHS occurs, the conflict shock impacts a very specific – predetermined - area in the brain. The impact of the shock is visible on a brain scan (brain computer tomogram) as a set of **sharp concentric rings.**

In GNM such a ring configuration on a brain CT is called a **Hamer Focus or HH** (from the German: **H**amerscher **H**erd). The term was originally coined by Dr. Hamer's opponents, who mockingly named these structures "dubious Hamer Foci".

Before Dr. Hamer identified these ring structures in the brain, radiologists considered them as artifacts created by a glitch in the machine. But in 1989, Siemens, a manufacturer of computer tomography equipment, **certified that these target rings cannot be artifacts** because even when the tomography is repeated and taken from different angles, the same configuration always appears in the same location.

The same type of conflict always impacts in the same brain relay.

The exact LOCATION of the HH is determined by the nature of the conflict. For example, a "motor conflict", experienced as "not being able to escape" or "feeling stuck", impacts in the brain in the motor cortex that controls the muscle movements.

The SIZE of the HH is determined by the intensity of the conflict.

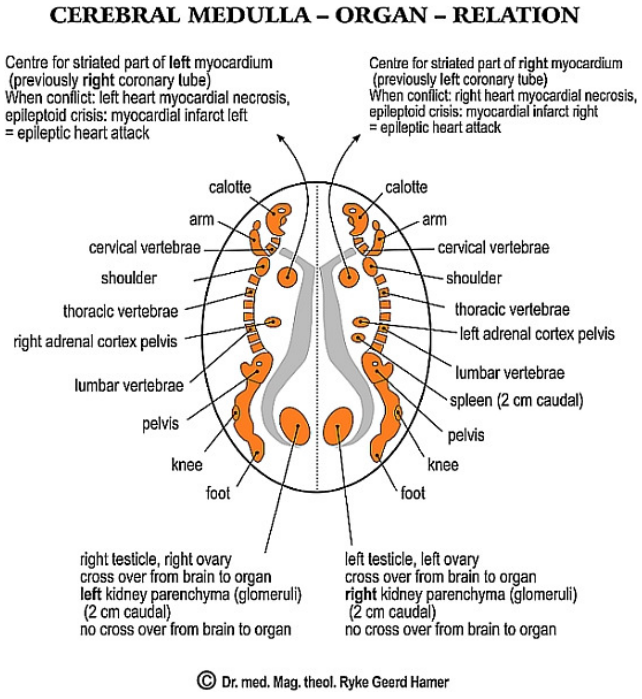
We could imagine each brain relay as a cluster of brain cells that functions both as receptor and transmitter.

ORGAN LEVEL: The moment the brain cells receive the DHS, the conflict shock is immediately communicated to the corresponding organ and a "**Significant Biological Special Program**" (SBS), on stand-by for exactly that conflict, is instantly activated. The biological significance of each SBS is to *improve* the function of the conflict-related organ, so that the individual is in a better position to manage and eventually resolve the conflict.

Both the biological conflict and the biological significance of each Special Biological Program (SBS) always relate to the function of the correlating organ or organ tissue.

Example: If a male suffers a "**territorial loss conflict**", the conflict impacts in the area of the brain that controls the **coronary arteries**. At this moment, the arterial wall lining begins to ulcerate (causing angina pectoris). The biological purpose of the tissue loss is to widen the lumen of the heart vessel, so that more blood per minute can be pumped to the heart, which gives the male more energy and more vigor in his effort to get his territory (his lost home or workplace) back or to establish a new one.

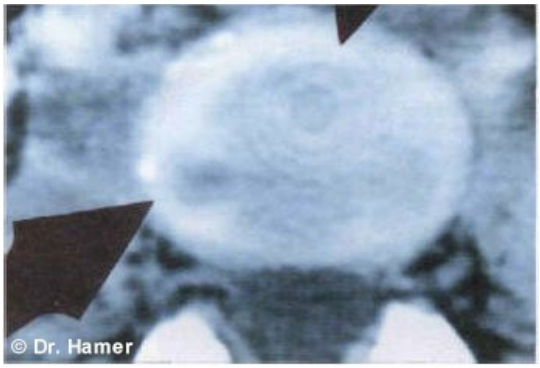
This meaningful interplay between the psyche, the brain, and the body has been in place for millions of years. Originally, these innate biological response programs were directed from the "**organ brain**" (every plant still possesses such an organ brain). With the growing complexity of life forms a "head brain" developed, from where each Significant Biological Special Program (SBS) is now coordinated and controlled. This biological transfer to the head brain explains why **the brain control centers of each organ are arranged in the same order as the organs in the body.**
Example: The brain relays that control the skeletal structure (bones) and the striated musculature are distinctly arranged in the cerebral medulla (the interior part of the cerebrum).


CEREBRAL MEDULLA – ORGAN – RELATION
Centre for striated part of left myocardium (previously right coronary tube) When conflict: left heart myocardial necrosis, epileptoid crisis: myocardial infarct left = epileptic heart attack
Centre for striated part of right myocardium (previously left coronary tube) When conflict: right heart myocardial necrosis, epileptoid crisis: myocardial infarct right = epileptic heart attack
calotte
arm
cervical vertebrae
shoulder
thoracic vertebrae
right adrenal cortex pelvis
lumbar vertebrae
pelvis
knee
foot
calotte
arm
cervical vertebrae
shoulder
thoracic vertebrae
left adrenal cortex pelvis
lumbar vertebrae
spleen (2 cm caudal)
pelvis
knee
foot
right testicle, right ovary cross over from brain to organ left kidney parenchyma (glomeruli) (2 cm caudal) no cross over from brain to organ
left testicle, left ovary cross over from brain to organ right kidney parenchyma (glomeruli) (2 cm caudal) no cross over from brain to organ
© Dr. med. Mag. theol. Ryke Geerd Hamer

This diagram shows that the control centers for the calotte (skull), arms, shoulders, vertebrae (spine), pelvis, knees, and feet are all arranged in an orderly fashion, virtually from head to toe (like an embryo on its back).

The biological conflict theme linked to the bones and the muscle tissues are "self-devaluation conflicts" (related to a loss of self-esteem, of feeling "worthless" or "useless").

Since there is a cross-over correlation from the brain to the body, the brain relays on the right hemisphere control the bones and muscles of the ***left*** side of the body, whereas the brain relays on the left side control the bones and muscles of the ***right*** side of the body.



This remarkable *organ CT*, showing an active HH in the area of the 4th lumbar spine (active "self-devaluation conflict"), **makes the communication between the brain and an organ strikingly visible.**

The Second Criterion

The conflict content determines the location of the HH in the brain and where exactly on the organ level the related SBS will run its course.

The conflict content is determined at the very moment of the DHS. When the conflict occurs, our subconscious associates in a split of a second with the event a very particular ***biological*** conflict theme, e.g., "loss of the territory", "worry in the nest", "abandonment by the pack", "separation from a mate", "loss of an off-spring", "attack by an opponent", "threat of starvation", and so forth.

If, for example, a woman is unexpectedly faced with a separation from her partner, this does not necessarily mean that she suffers a "separation conflict" in biological terms. The DHS can also be experienced as an "abandonment conflict" (affecting the kidneys, or a "self-devaluation conflict" (affecting the bones, resulting potentially in osteoporosis, or a "loss conflict" (affecting the ovaries). Also, what one person experiences as a "self-devaluation conflict", can be experienced quite differently by another person. For a third person the event could be totally irrelevant.

> **It is our subjective feeling behind the conflict and our individual perception of the conflict that determines which part of the brain will receive the shock and, consequently, what physical symptoms will manifest as a result of the conflict.**

One single DHS can impact more than one brain area, resulting in multiple "diseases", such as multiple cancers, erroneously called metastasis. For example: If a man unexpectedly lost his business and the bank takes all his assets, he can develop colon cancer as a result of an "indigestible morsel conflict" ("I can't 'digest' this!"), liver cancer as a result of a "starvation conflict" ("I don't know how to provide for myself!"), and bone cancer as a result of a "self-devaluation conflict" (a loss of self-esteem). With the resolution of the conflict all three cancers will go into healing at the same time.

The Third Criterion

Every SBS-Significant Biological Special Program runs synchronously on the level of the psyche, the brain, and the organ.

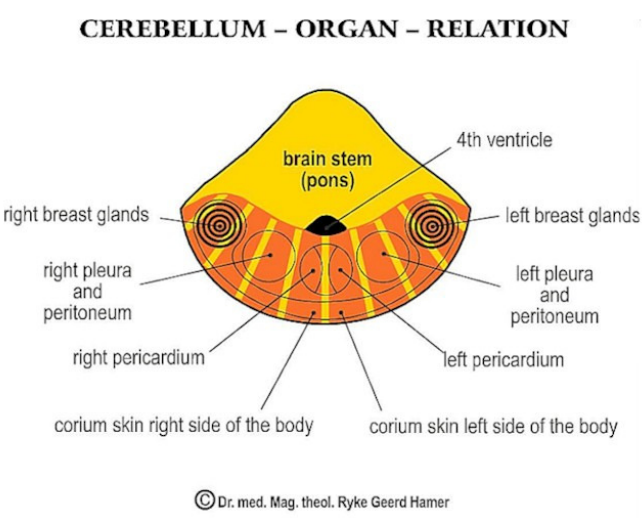
The **psyche**, the **brain**, and the corresponding **organ** are three levels of **ONE unified organism** that always works in synchronicity.

BIOLOGICAL LATERALITY

Our **biological handedness** determines in which of the two brain hemispheres the conflict will impact and which side of the body will be affected. Our *biological* laterality is decided at the moment of the first cell division after conception. This is why with identical twins, one is biologically right-handed and one is left-handed. The ratio of biologically right-handed and left-handed people is approximately 60:40.

The biological laterality can easily be established with the clapping test. The hand that is on top is the leading hand and tells whether a person is right-handed or left-handed.

The rule of laterality: A **right-handed** person responds to a conflict with his/her mother or child with the *left* side of the body and to a conflict with a partner (anybody except mother or child) with the *right* side. With **left-handed** people it is reversed.


CEREBELLUM – ORGAN – RELATION
brain stem (pons)
4th ventricle
right breast glands
left breast glands
right pleura and peritoneum
left pleura and peritoneum
right pericardium
left pericardium
corium skin right side of the body
corium skin left side of the body
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Example: if a right-handed woman suffers a "worry conflict" over the health of her child, she will develop a glandular breast cancer in her *left* breast. Since there is a cross-over correlation from the brain to the organ, on a brain scan, the corresponding HH will be found on the *right* hemisphere in the part of the brain that controls the glandular tissue of the *left* breast.

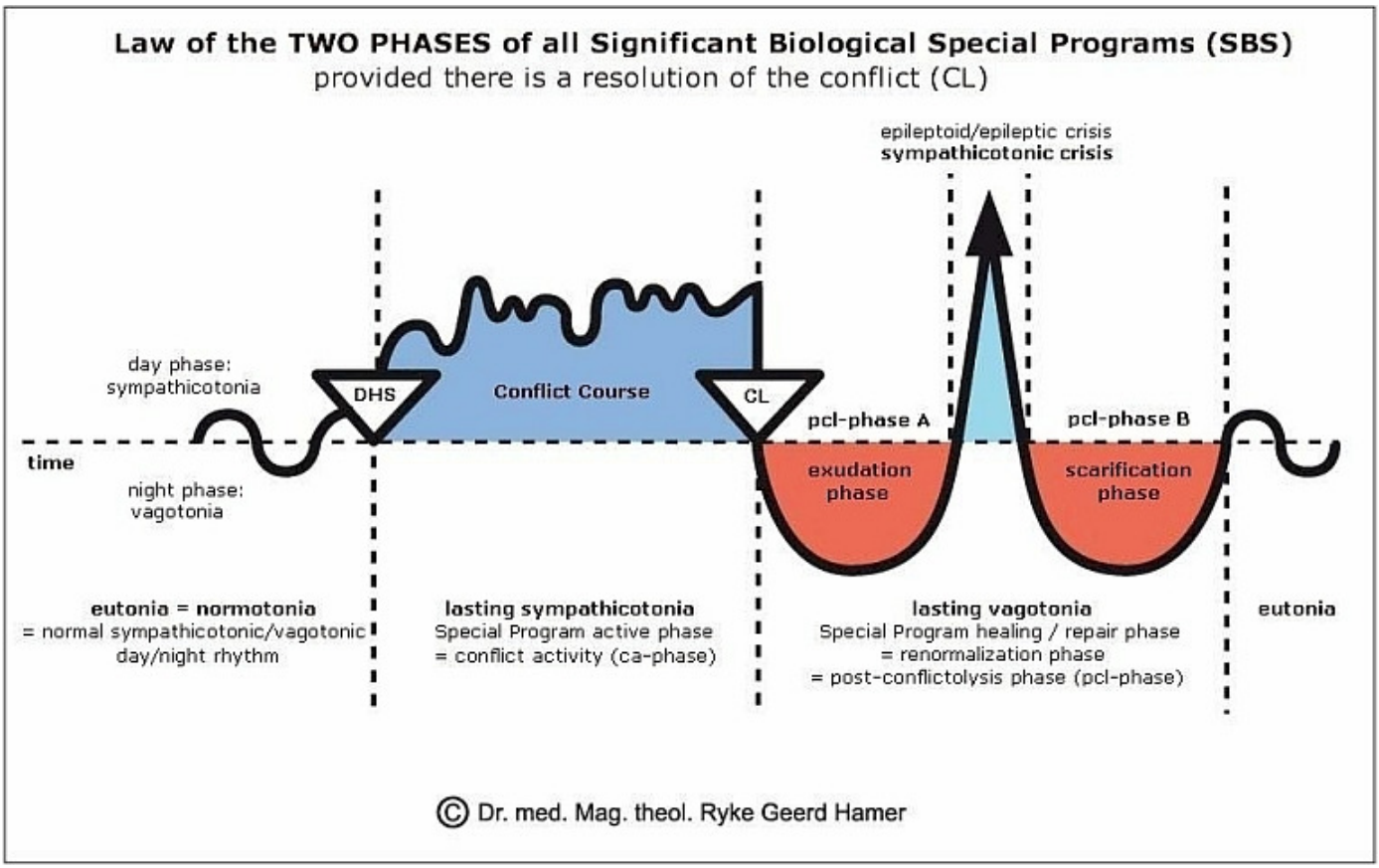
If the woman were *left-handed,* the "worry conflict" over her child would manifest as a cancer in the *right* breast, showing the impact on a brain-CT on the *left* brain hemisphere, in the cerebellum.

Establishing the biological laterality is of utmost importance

for identifying the original DHS.

THE SECOND BIOLOGICAL LAW

Every SBS-Significant Biological Special Program runs in two phases provided there is a resolution of the conflict.



NORMOTONIA refers to the state of our **normal day-night-rhythm**. As shown in the diagram above, "**sympathicotonia**" alternates with "**vagotonia**". These terms relate to our autonomic nervous system (ANS) which controls vegetative functions such as the heart beat or digestion. During the day, the organism is in a normal sympathicotonic state of stress ("fight or take flight"), during sleep in a normal vagotonic state of rest ("rest and digest").

THE CONFLICT ACTIVE PHASE (ca-phase; sympathicotonia)

As soon as a conflict shock (DHS) occurs, the normal day-night-rhythm is instantly interrupted and **the entire organism** enters the **conflict-active phase (ca-phase)**. At the same time, the **S**ignificant **B**iological **S**pecial Program (SBS) that correlates to the particular conflict is activated, allowing the organism to override everyday functioning in order to assist the individual - on all three levels - during the particular crisis.

LEVEL OF THE PSYCHE: Conflict-activity manifests itself as constant dwelling over the conflict.

The **autonomic nervous system** is in **lasting sympathicotonia.** Typical symptoms are sleeplessness, a lack of appetite, a fast heart beat, elevated blood pressure, low blood sugar, and nausea. The conflict-active phase is also called the **COLD phase**, because during stress the blood vessels are constricted, which results in cold hands and cold feet, a cold skin, chills, shivers, or cold sweats. From a biological point of view, however, the state of stress, particularly the extra waking hours and the total preoccupation with the conflict, put the individual into a more favorable position to find a resolution to the conflict.

BRAIN LEVEL: The location where the conflict impacts in the brain is determined by the exact nature of the conflict. The size of the HH is always proportional to the conflict's duration and intensity (conflict mass).

During the ca-phase, the HH appears on a brain scan as **sharp concentric rings**.

The brain-CT picture shows a HH in the *right* hemisphere of the motor cortex, indicating that the related motor conflict ("not being able to escape") with paralysis of the left leg is still active. In a left-handed person, the motor conflict would be associated with a partner-related conflict situation.

The biological significance of the paralysis is a "fake-dead"-reflex, because in nature a predator often attacks a prey only when it tries to escape. Thus, the inherent response is: "Since I can't escape, I play dead", causing paralysis until the danger is over. We humans share this response with all species.

ORGAN LEVEL (conflict-active phase)

If more tissue is required to facilitate the resolution of the conflict, the conflict-related organ or tissue responds with cell proliferation.

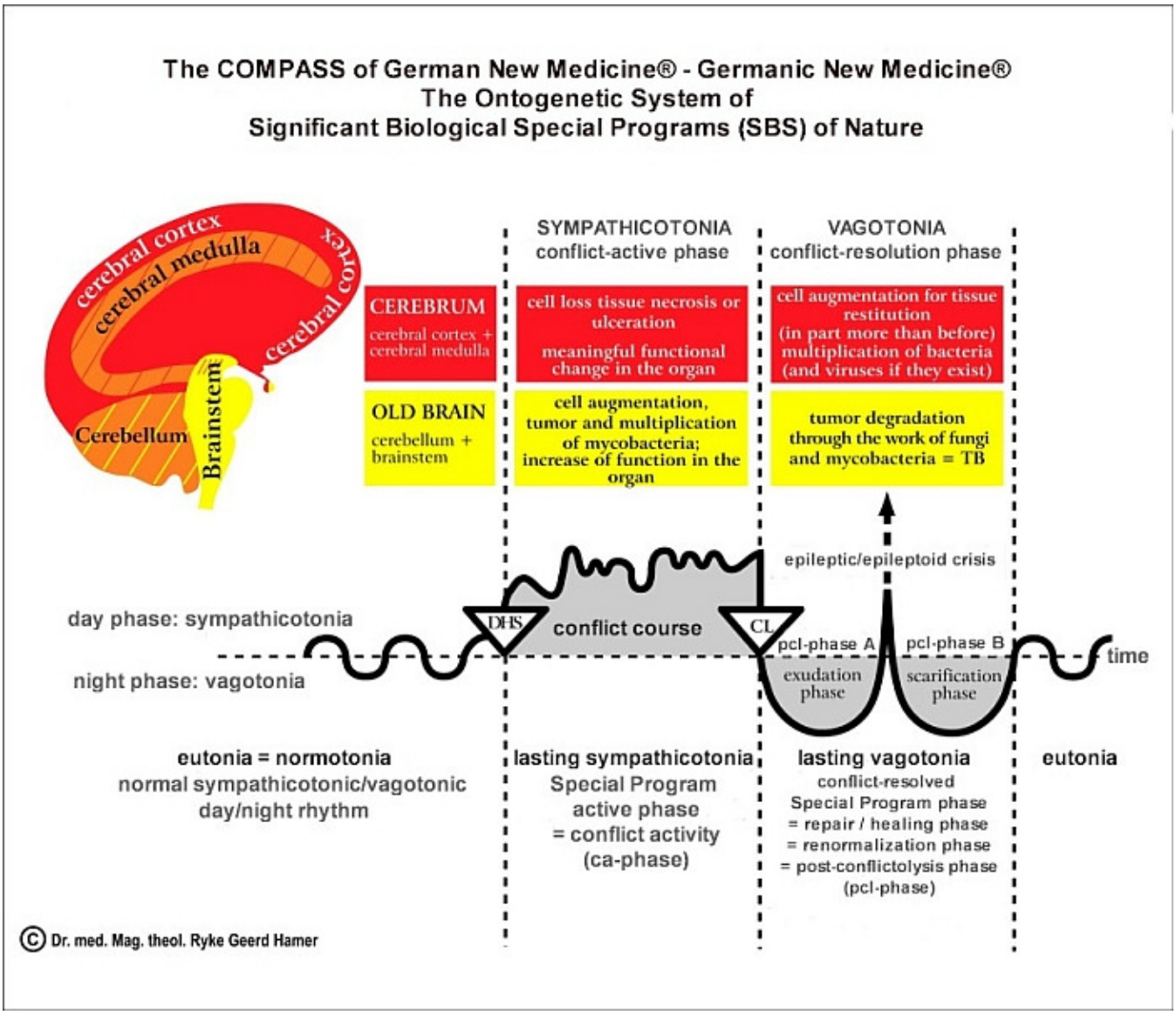
For example: in case of a "**death-fright-conflict**", most often triggered by a diagnosis or prognosis shock, the shock impacts in the area of the brain that controls the lung alveoli cells which are in charge of processing oxygen. Since the death-panic is in biological terms equated with not being able to breathe, the lung cells immediately start to multiply. The biological purpose of the lung nodules (the **lung cancer**) is to increase the capacity of the lungs, so that the individual is in a better position to cope with the death-fright.

If less tissue is required to assist the conflict resolution, the organ or tissue responds to the related conflict with cell-meltdown.

For example: if, in nature, a female has a **sexual conflict** of not being able to mate, the tissue layer that lines the cervix (the pathway to the uterus) ulcerates. The biological significance of the tissue loss is to widen the **cervix** so that when mating finally takes place, more sperm can

reach the uterus, which enhances the chance of conception. For human females this mating-conflict can be experienced as sexual rejection, sexual frustration, sexual abuse, and so forth.

Whether the organ or tissue responds to the related conflict with cell proliferation or with tissue loss follows a biological pattern that correlates to the evolutionary development of the human brain.



The **COMPASS of GNM** shows that all organs and tissues controlled from the **OLD BRAIN** (brainstem and cerebellum), such as the colon, the lungs, the liver, the kidneys, or the breast glands, always generate **cell proliferation** (tumor growth) during the conflict-active phase

All organs and tissues controlled from the **CEREBRUM** (cerebral medulla and cerebral cortex), such as the bones, lymph nodes, cervix, ovaries, testicles, or the epidermis of the skin, always generate **tissue loss**.

As the conflict-active phase advances, so do the symptoms on the related organs. The same applies, vice-versa, when the conflict activity is slowed down.

HANGING CONFLICT

A **hanging conflict** refers to the situation that a person remains in the conflict-active phase, because the conflict cannot or has not yet been resolved.

A person can live with a small conflict and the related cancer to an old age, provided that the tumor does not cause any mechanical obstructions, for instance, in the colon.

If a person is in acute conflict-activity for a longer period of time, the condition can be fatal. However, a person, who is in the conflict-active phase, can never die of cancer, because tumors that grow during the first phase of an SBS (lung tumors, liver tumors, or breast gland tumors) actually *improve* the function of the organ during that period.

Patients, who don't survive the conflict-active stress phase, often die as a result of energy loss, sleep deprivation, and above all, because of fear. With a negative prognosis and toxic treatments like "Chemo" in addition to the emotional, mental and physical exhaustion, many patients don't stand a chance.

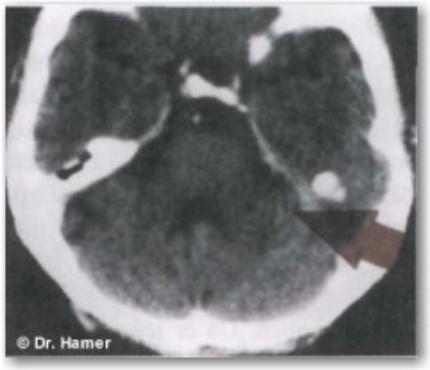
CL-CONFLICTOLYSIS

The **resolution of the conflict** is the turning point that initiates the second phase of the SBS. Like the conflict-active phase, the healing phase runs parallel on all three levels.

THE HEALING PHASE **(pcl-phase; pcl=post-conflictolysis)**

LEVEL OF THE PSYCHE: The resolution of the conflict comes with a feeling of great relief. The **autonomic nervous system** switches instantly into **lasting vagotonia** with fatigue but good appetite. Resting and a healthy diet serve the purpose to support the organism during the healing and repair process. The healing phase is also called the **WARM phase**, because during vagotonia the blood vessels are widened, resulting in warm hands, warm skin, and possibly fever.
BRAIN LEVEL: parallel to the healing of the psyche and the related organ, the brain cells that received the impact of the DHS also start to heal.

First part of the healing phase (pcl-phase A) on the brain level: Beginning with the conflict resolution, water and serous fluid are drawn to the related brain area, creating a brain edema that protects the brain tissue during the repair process. It is the swelling of the **brain edema** that causes typical cerebral healing symptoms, such as headaches, dizziness, or blurry vision.



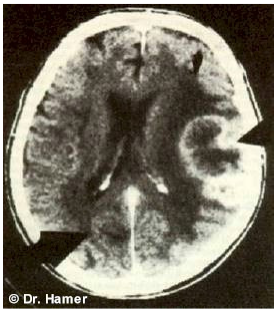
During the first part of the healing phase, the HH appears on a brain scan as **dark rings** (indicating the edema in the brain)

Example: The brain-CT picture shows a HH in pcl-phase A of a healing lung tumor as a indication that a related "death-fright conflict" has been resolved. Most "death-fright conflicts" and thus lung cancers are triggered by diagnosis or prognosis shocks.

THE EPILEPTIC OR EPILEPTOID CRISIS (EPI-CRISIS) is initiated at the height of the healing phase and occurs simultaneously on all three levels.
With the onset of the Epi-Crisis, the individual is - in an instant - put back into a state of conflict activity. On the psychological and vegetative level, this re-activates typical sympathicotonic symptoms, such as nervousness, cold sweats, shivers, and nausea. What is the biological purpose of this involuntary conflict relapse? At the height of the healing phase (which is the deepest point of vagotonia), the edematous swelling both of the healing organ and in the related brain area (brain edema) has reached its maximum size. Exactly at this point, the brain triggers a sympathicotonic stress push, intended to press the edemas out. This vital biological counter-regulation is followed by the **urinary phase**, during which the body eliminates all the excess fluid retained during the first part of the healing phase (**pcl-phase A**).

The specific symptoms of the Epi-Crisis are determined by the type of conflict and which organ is involved. Heart attacks, strokes, asthma attacks, migraine attacks, or epileptic seizures, are just a few examples of such a healing crisis.

Second part of the healing phase (pcl-phase B) on the brain level: After the brain edema has been pressed out, **neuroglia**, which is brain-connective tissue that is always present in the brain, assembles at the site to complete the repair process on the cerebral level. The amount of glia accumulation depends on the size of the preceding brain edema (pcl-phase A). It is this natural buildup of neuroglia ("glioblastoma" - literally: sprouting glia cells) that is erroneously interpreted as a "**brain tumor**"

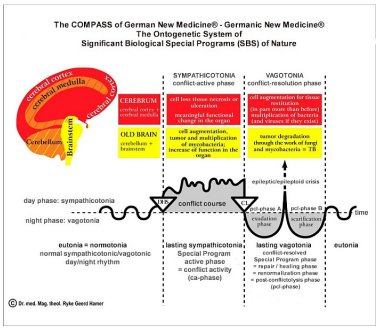


During the second part of the healing phase, the HH appears on a brain scan as a **white ring configuration.**

The brain CT-picture shows a HH in the control center of the coronary arteries, indicating that the related "**territorial loss conflict**" has been resolved.

During the Epi-Crisis the patient experienced - successfully - the expected heart attack (with angina pectoris during the ca-phase). If the preceding conflict-active phase had lasted more than 9 months, the heart attack would have been fatal. With knowing GNM early, such a serious situation can be prevented!

ORGAN LEVEL (healing phase)



After the related conflict has been resolved, **OLD BRAIN-controlled tumors** that developed during the conflict-active phase and are now no longer needed (e.g., lung tumors, colon tumors, prostate tumors), **are decomposed with the help of fungi or TB-bacteria.** If the microbes are not available, the tumor stays in place and encapsulates without further cell division.

Conversely, **CEREBRUM-controlled tissue loss** that occurred during the ca-phase, **is now replenished and refilled with new cells**. This repair process takes place during the **first part of the healing phase** (pcl-phase A). Here we find cervical cancer (cell-meltdown during the ca-phase), ovarian cancer, testicular cancer, intra-ductal breast cancer, bronchial cancer, or lymphoma. During the **second part of the healing phase** (pcl-phase B), the tumors slowly degrade. Standard medicine misinterprets these in realty **curative tumors** as malignant cancerous growths (see Article "The Nature of Tumors").

Symptoms of the PCL-phase, such as swelling (edema), inflammation, pus, discharge (potentially mixed with blood), "infections", fever, and pain, are an indication that a NATURAL HEALING PROCESS is taking place.

The **duration and the severity of the healing symptoms** are determined by the intensity and length of the preceding conflict-active phase. Conflict relapses that continuously interrupt the healing phase, *prolong* the healing process.

Chemo or radiation treatments brutally disrupt the natural healing of cancers. Since our organism is inherently programmed to heal, the body will continue to try finishing the repair process as soon as the treatment is over. The "cancer recurrence" is usually followed by even more aggressive treatment protocols!

Since **"Official Medicine"** fails to recognize the two-phase pattern of every "disease", doctors either see a stressed out patient with a growing tumor (ca-phase), missing that there is a healing phase ahead, or they see a patient with fever, "infection", inflammation, discharge, headaches or other pain (pcl-phase), not realizing that these are in fact healing symptoms of a preceding conflict-active phase.

By overlooking either one of the two phases, symptoms that belong only to one phase are viewed as a disease in itself, for example, osteoporosis, which occurs in the conflict-active phase of a "self-devaluation conflict", and arthritis, which is a symptom of the healing phase of the same type of conflict.

This unawareness is particularly tragic, if a patient is diagnosed with a "malignant" cancer or even a "metastatic cancer", although the cancer is already undergoing a natural healing process.

If medical doctors acknowledged the biological psyche-brain-organ correlation, they would also recognize that the two phases are in fact two parts of ONE SBS, verifiable by a brain scan, on which the HH would be found in *both* phases in the same location. The exact appearance of the HH indicates, whether the patient is still conflict active (HH with sharp concentric rings or already healing, and furthermore, whether he is in pcl-phase A (HH with edematous rings) or in pcl-phase B (HH with white (glia) accumulation), indicating that the crucial point of the Epi-Crisis has already been passed (see Article "Reading the Brain")

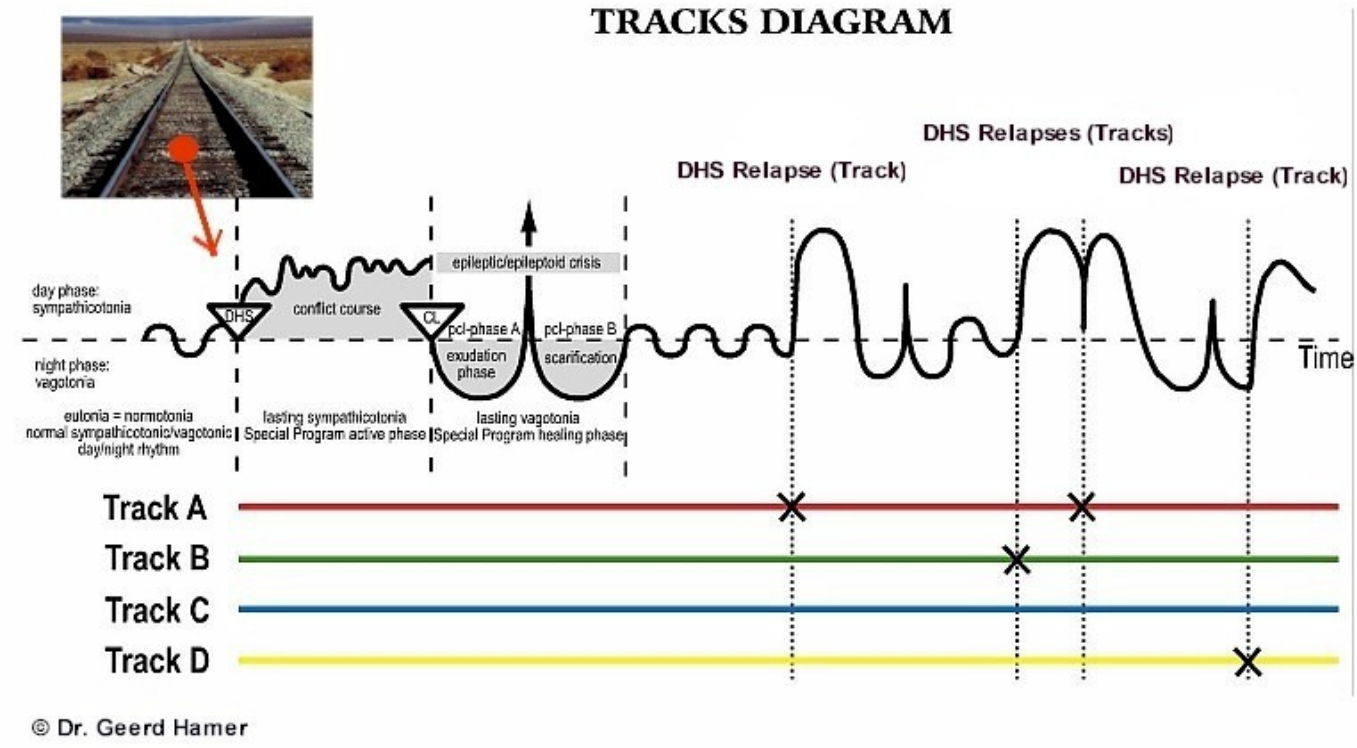
With the completion of the healing phase, normal day-night-rhythm (Normotonia) is restored on all three levels.

HANGING HEALING

The term **"hanging healing"** refers to the situation that the healing phase cannot be completed, because of repetitive conflict relapses.

CONFLICT RELAPSES OR "TRACKS"

When we experience a conflict shock (DHS), our mind is in a state of acute awareness. Highly alert, our subconscious picks up all components associated with the particular conflict situation, e.g., the location, the weather condition, people involved, sounds, smells, and so forth. In German New Medicine, we call the imprints that remain in the aftermath of a DHS, **TRACKS**.



The SBS runs on tracks, established at the moment of the DHS

If we are in the healing phase and set on one of the tracks, either through direct contact or by association, the conflict is instantly reactivated, and after a quick conflict "replay", so-to-speak,

the conflict-organ-related healing symptoms follow right away, for example, a skin rash after a "separation conflict"-relapse, common cold symptoms with setting on a track of a "stink conflict", breathing difficulties or even an asthma attack in association with a "fear in the territory", or diarrhea with a "indigestible morsel conflict"-relapse. The "**allergic reaction**" can be triggered by anything or anybody who is associated with the original DHS - a food substance, certain pollen, animal hair, a certain perfume, but also a person (see Article Allergies). In conventional medicine (both allopathic and naturopathic), the main cause of allergies is believed to be a "weak" immune-system.

The **biological purpose of the track** is to function as a warning signal in order to avoid experiencing the same "danger" (DHS) a second time. In the wild, these alarm signals are vital for survival.

Tracks always have to be taken into consideration, when we are dealing with recurring **conditions** such as recurring colds, asthma attacks, migraines, skin rashes, epileptic seizures, hemorrhoids, bladder infections, and so on. Of course, any **cancer relapse** has to be understood from this perspective as well. Tracks also play a role in **"chronic" conditions**, such as arteriosclerosis, arthritis, Parkinson, or MS.

In GNM-therapy, reconstructing the event of the DHS together with all its accompanying tracks is a significant measure for completing the healing process.

THE THIRD BIOLOGICAL LAW

THE ONTOGENETIC SYSTEM OF CANCER AND CANCER-EQUIVALENTS

> ***"The science of embryology and our knowledge of the evolution of man is the foundation of medicine. They are the two sources that reveal to us the nature of cancer and of all so-called 'diseases'."***
>
> **Ryke Geerd Hamer**

The Third Biological Law explains the correlation between the psyche, the brain, and the organ within the context of the embryonic (ontogenetic) and evolutionary (phylogenetic) development of the human organism. It shows that neither the location of the HH in the brain nor the cell proliferation (tumor) or tissue loss following a DHS are accidental, but embedded in a meaningful biological system **inherent in every species**.

THE EMBRYONIC GERM LAYERS:

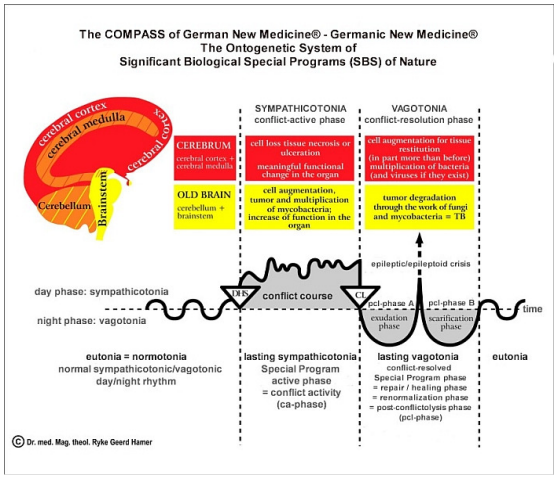
We know from the science of embryology that within the first 17 days of the embryonic stage, three germ layers develop from which all organs and tissues originate.

The three embryonic germ layers are the **endoderm**, **mesoderm**, and **ectoderm**.

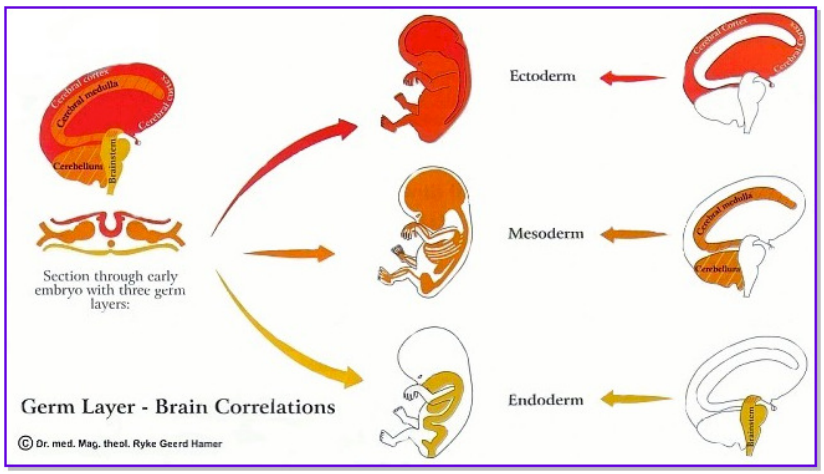
Endoderm (yellow section)

Mesoderm (orange section)

Ectoderm (red section)



During the embryonic development, the growing fetus passes in a highly accelerated speed through all the evolutionary stages from a single celled organism to a complete human being (the ontogenetic development repeats the phylogenetic development).


Ectoderm
Mesoderm
Endoderm
Section through early embryo with three germ layers:
Germ Layer - Brain Correlations
© Dr. med. Mag. theol. Ryke Geerd Hamer

The diagram above shows that all tissues that derive from the same germ layer are controlled from the same part of the brain

"The scaffolding of our entire body originated in a surprising ancient place: single-celled animals."

(Neil Shubin, *Your Inner Fish,* 2008)

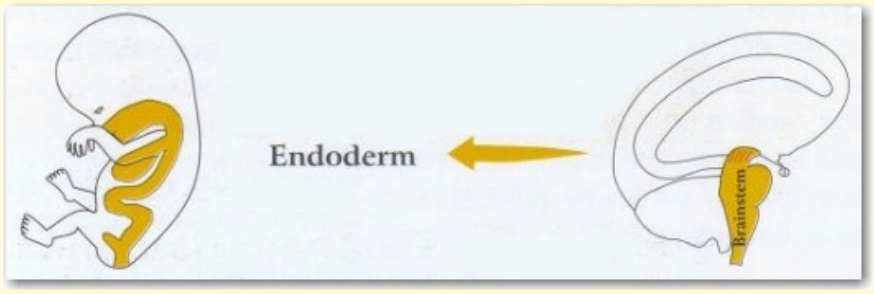
Most of our organs, notably the colon, derive from only one of the three germ layers. Others, such as the heart, the liver, the pancreas, or the bladder, are made up of different tissues that derive from different germ layers. These tissues, which merged over time for functional reasons, are regarded as one organ, even though they often have their control centre in widely separated areas of the brain. On the other hand, there are organs that lie far apart from each other in the body such as the rectum, the larynx, and the coronary veins, but are controlled from areas that are close together in the brain.

THE ENDODERM (Inner Germ Layer)

The endoderm is the germ layer that developed first during the course of evolution. It is therefore the germ layer that forms the "oldest" organs during the very first period of the embryonic stage.

Organs and tissues that derive from the endoderm are:

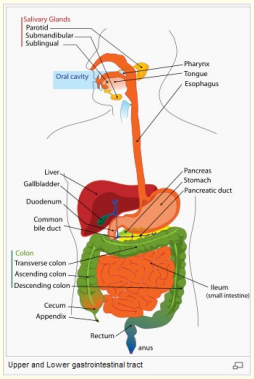
- Mouth (sub mucosa)
  - Palate
  - Tongue
  - Tonsils
  - Salivary and Parotid Glands
- Naso-Pharynx
- Thyroid Gland
- Esophagus (lower third)
- Lungs (lung alveoli)
- Goblet cells (in bronchia)
- Liver and Pancreas
- Stomach and Duodenum
- Small Intestine and Colon
- Sigmoid and Rectum (upper third)
- Bladder
- Kidney Collecting Tubules
- Prostate
- Uterus and Fallopian Tubes
- Nuclei of the Acoustic Nerves



All organs and tissues that originate from the endoderm consist of **adeno cells**, which is why cancers of these organs are called "adeno carcinomas".

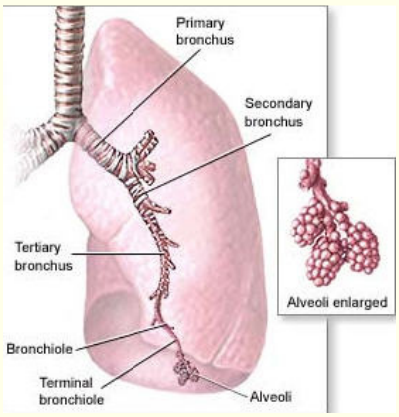
Organs and tissues deriving from the *oldest* germ layer are controlled from the *oldest* part of the brain, which is the **BRAINSTEM**, and, consequently, correlate to the *oldest* biological conflicts.

BIOLOGICAL CONFLICTS: The biological conflicts linked to endodermal tissues relate to breathing (lungs), food (organs of the alimentary canal), and procreation (prostate and uterus).



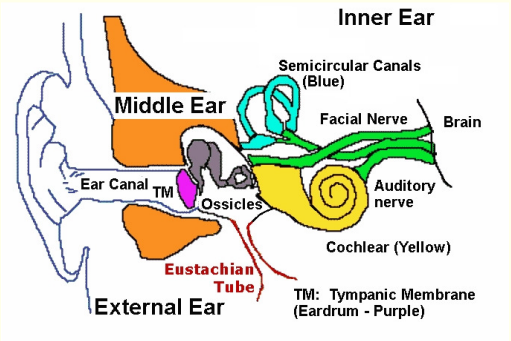
The **organs and tissues of the alimentary canal** - from the mouth to the rectum - are biologically linked to "**MORSEL-CONFLICTS**" (alluding to the real food morsel). The "inability of getting a hold of a morsel" correlates to the **mouth and pharynx** (including the palate, tonsils, salivary glands, naso-pharynx, and thyroid gland); the "conflict of not being able to swallow a morsel" relates to the **esophagus** (lower part); conflicts of "not being able to absorb or digest a morsel" are linked to the digestive organs, such as the **stomach** (except the small curvature), the **small intestines**, the **colon**, the **rectum** as well as the **liver** and the **pancreas**.

Animals experience these "morsel-conflicts" in real terms, for example, when they cannot find food or when a food chunk or bone is stuck in the intestine. Since we humans are able to interact with the world in a figurative fashion through language and symbols, we can experience such "morsel-conflicts" also in a transposed sense. A figurative morsel can translate into a contract or a person we could not "catch", an offending remark we could not "digest", "morsels" we want to possess, "morsels" that were taken away from us, or "morsels" we cannot get rid of.

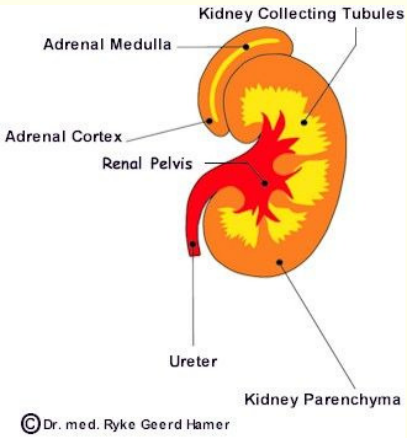


The **lungs**, more precisely the lung alveoli that process oxygen, are linked to a "**death-fright conflict**", triggered by a life-threatening situation.

The **goblet cells** in the bronchia correlate to a "**fear of suffocation**".

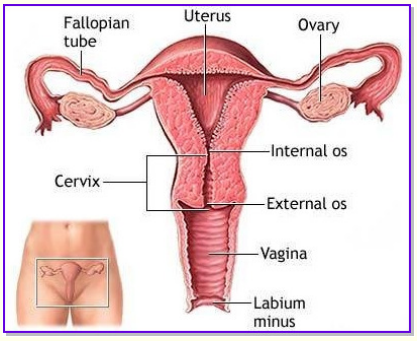


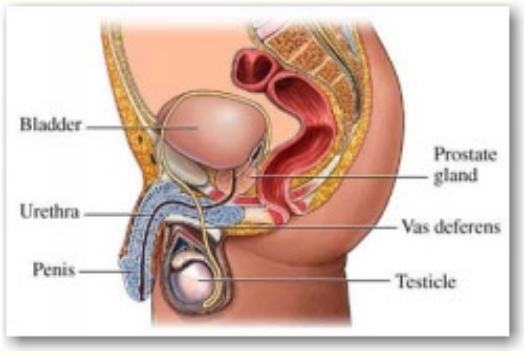
The **middle ear** relates to **hearing conflicts** (the "sound-morsel"). The conflict of "not being able to catch a sound morsel", for example not hearing Mommy's voice, affects the right ear, whereas the conflict of "not being able to get rid of a sound morsel", for instant loud annoying noise, affects the left ear. An intense conflict-activity results in a middle ear "infection" during the healing phase.



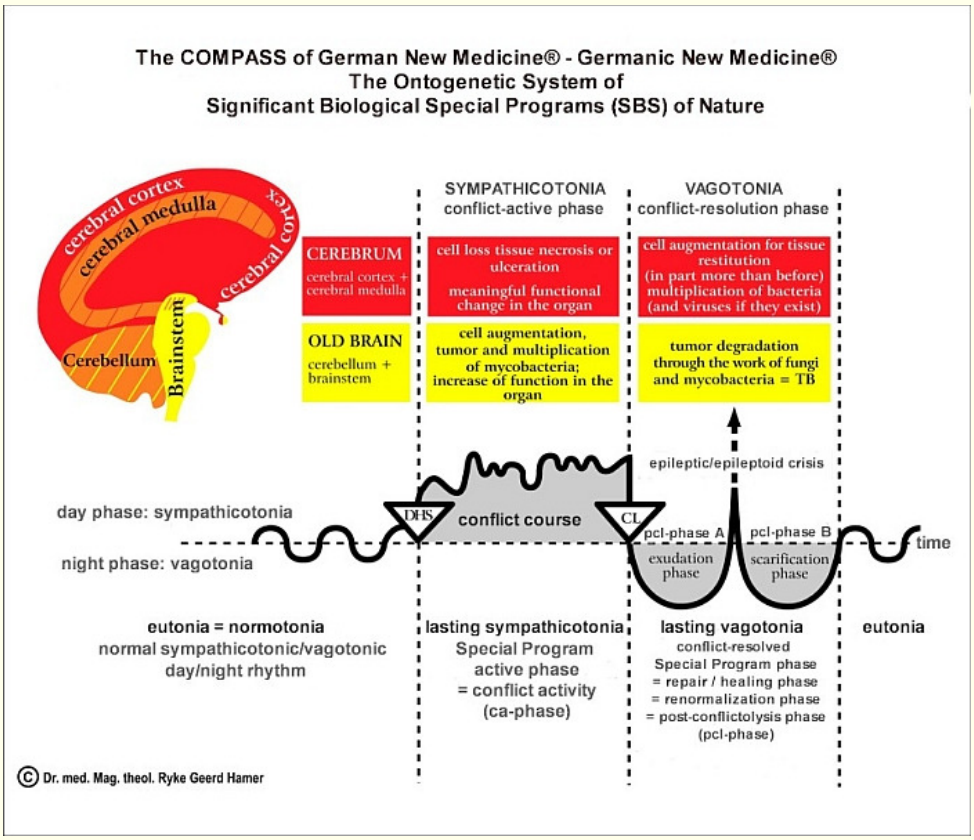
The **kidney collecting tubules**, which are the oldest tissues of the kidneys, correspond to biological conflicts that relate back to the time when our distant ancestors where still living in the ocean and being thrown on shore would pose a life-threatening situation. We humans can suffer such a "fish-out-of-water"-DHS as an "**abandonment conflict**" (feeling isolated, excluded, left behind), as a "**refugee conflict**" (having to flee our home), as an "**existence conflict**" (our life or livelihood is at stake), or as a "**hospitalization conflict**".

The **uterus and fallopian tubes** as well as the **prostate gland**, are linked to "**procreation conflicts**" and "**ugly conflicts with the opposite gender**".





With regard to brainstem-controlled tissues, **laterality** is not significant! Thus, if, for example, a right-handed woman suffers an "abandonment conflict", the conflict impacts arbitrarily in the right or left kidney tubule-relay (regardless, whether the conflict was over a child or over a partner).



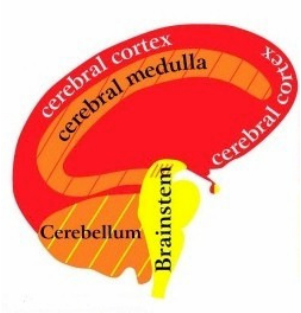
BRAIN-ORGAN-GERM LAYER RELATION:

All organs and tissues that derive from the endoderm generate during the **conflict active phase cell proliferation**. Thus, **cancers of the mouth** as well as **esophagus cancer**, **stomach and duodenal cancer**, **liver cancer**, **pancreas cancer**, **cancer of the colon and rectum**, **bladder cancer**, **kidney cancer**, **lung cancer**, **uterus cancer**, or **prostate cancer**, are all controlled from the brainstem and are caused by their corresponding biological conflicts. With the resolution of the conflict such tumors immediately stop growing.

In the healing phase, **the additional cells (the "tumor") that served a biological purpose during the conflict-active phase, are decomposed with the help of specialized microbes** (fungi and myco-bacteria. If the tissue related microbes are not available, perhaps due to an overuse of antibiotics, the tumor stays in place and encapsulates without further cell division.

This natural healing process typically comes with **swelling (edema)**, **inflammation**, **(tubercular) discharge (potentially mixed with blood)**, **night sweats**, **fever**, and **pain**. Here we also find conditions such as **Crohn's Disease and Colitis Ulcerosa** as well as fungal "**infections**", like **candidiasis**. The condition only becomes "chronic", if the healing process is continuously interrupted by conflict relapses.

THE MESODERM (**Middle Germ Layer**) is divided into an older and a younger group.



The **old brain mesoderm** is directed from the **cerebellum**, which is part of the **OLD BRAIN** (brainstem and cerebellum).

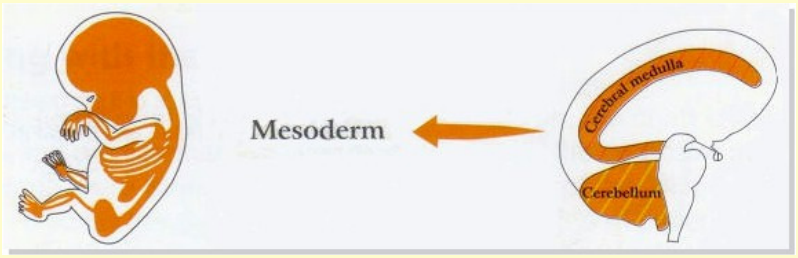
The **new brain mesoderm** is directed from the **cerebral medulla**, which belongs already to the **CEREBRUM.**

OLD BRAIN MESODERM

The old brain mesoderm developed after our ancient relatives had moved on land and a skin was needed to protect the organism from the elements and from attacks.

Organs and tissues that derive from the old brain mesoderm are:

- Corium Skin (under skin)
- Pleura (lining of the lungs)
- Peritoneum (lining of the abdominal cavity and abdominal organs)
- Pericardium (skin that covers the heart)
- Breast Glands (milk producing glands)



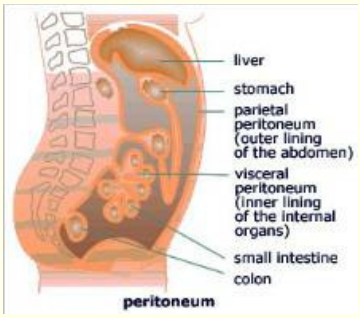
All organs and tissues that originate from the old-brain mesoderm consist of **adenoid cells**, which is why cancers of these organs are called "adeno carcinomas"

Organs and tissues deriving from the old brain mesoderm are controlled from the **CEREBELLUM** (part of the Old Brain). The biological conflicts relate to the function of the respective organ.

BIOLOGICAL CONFLICTS: The biological conflicts linked to old-brain mesodermal, tissues relate to "attack-conflicts" (first skins) and "nest-worry conflicts" (breast glands).

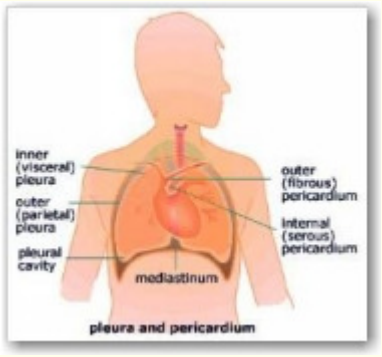
"**Attack conflicts**" can be experienced literally or figuratively. For example, an "attack against the skin" (**corium skin**) can be triggered by a physical attack, verbal attack, or an attack against our

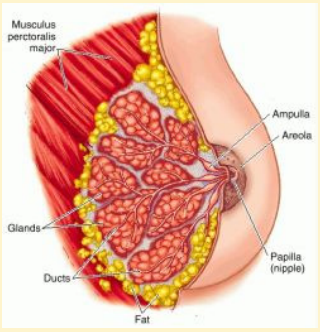
integrity, but also - *without* an emotional component - through sun 'burns', which the organism may associate as an "attack".



A figurative "attack against the abdomen" (**peritoneum**) can be caused by an unexpected announcement of a surgery in the abdominal area (colon, ovaries, uterus, etc.).

An "attack against the chest" (**pleura**) can be triggered as a consequence of a mastectomy; or an "attack against the heart" (**pericardium**) can be related to a heart "attack".

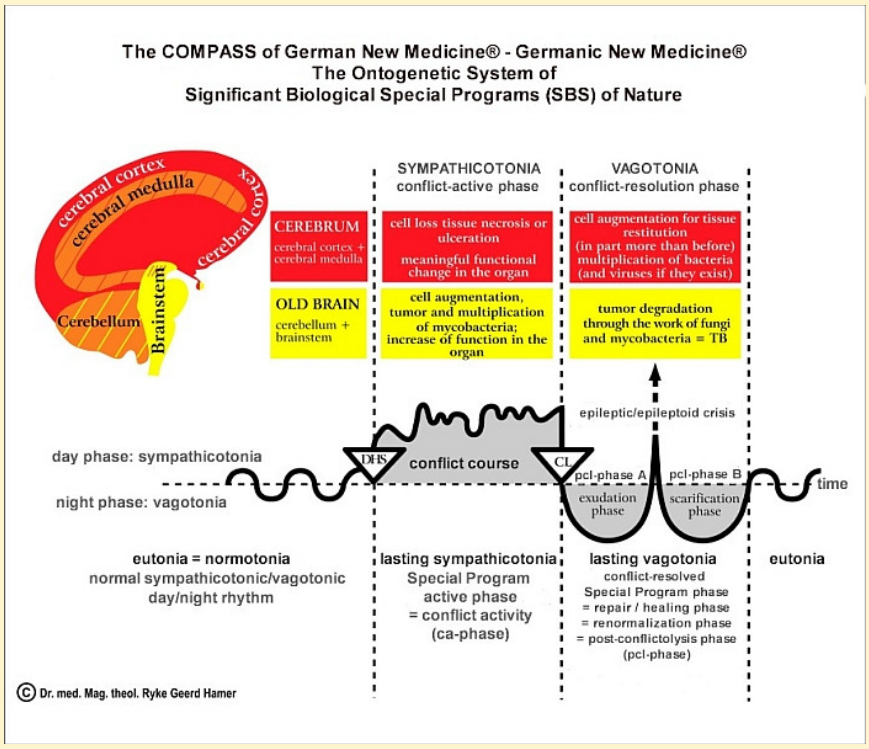




The **breast glands**, synonymous with caring and nurturing, respond to a ”**nest-worry-conflict**“. With the development of mammals, the breast glands developed out of the corium skin, which is why their control center is in the same part of the brain, namely the cerebellum.

With regard to cerebellum-controlled organs and tissues, there is a cross-over correlation from the brain to the organ. The rule of **laterality** has to be taken into account. If, for example, a right-handed woman suffers a "nest-worry conflict" in relation to her child, the conflict impacts on the *right* hemisphere of the cerebellum, causing the development of a glandular breast cancer in her *left* breast during the conflict-active phase.

BRAIN-ORGAN-GERM LAYER RELATION:



All organs and tissues that derive from the old brain mesoderm generate during the **conflict active phase cell proliferation**. Thus, cancers of the corium skin (**melanoma**), **glandular breast cancer**, or **peritoneal**, **pleural** and **pericardial tumors** (so-called **mesotheliomas**), are all controlled from the cerebellum and are caused by their corresponding biological conflicts. With the resolution of the conflict, the tumors immediately stop growing.

In the healing phase, the additional cells (the "tumor") that served a biological purpose during the conflict-active phase, are decomposed with the help of specialized microbes (fungi and mycobacteria).

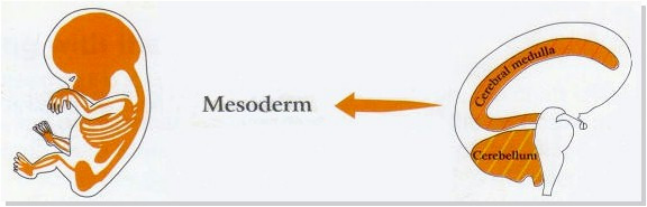
The natural healing process is typically accompanied by **swelling (edema), inflammation, (tubercular) discharge (potentially mixed with blood), ("infections")**, **night sweats, fever**, and **pain**. If the tissue related microbes are not available, the tumor stays in place and encapsulates without further cell division.

NEW BRAIN MESODERM

The next evolutionary step was the development of a muscular and skeletal structure.

Organs and tissues that derive from the new brain mesoderm are:

- Bones (including tooth dentin)
- Cartilage
- Tendons and Ligaments
- Connective tissue
- Fat tissue
- Lymphatic system (Lymph vessels & Lymph nodes)
- Blood vessels (except coronary vessels)
- Muscles (striated musculature)
- Myocardium (80% striated heart muscle)
- Kidney Parenchyma
- Adrenal cortex
- Spleen
- Ovaries
- Testicles

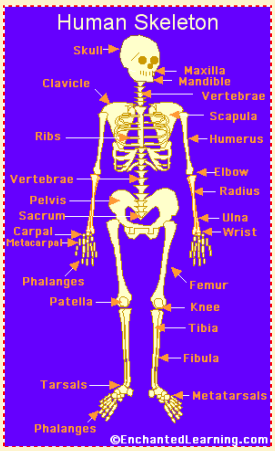


All organs and tissues that derive from the new brain mesoderm are controlled from the **CEREBRAL MEDULLA**, which is the interior part of the cerebrum.

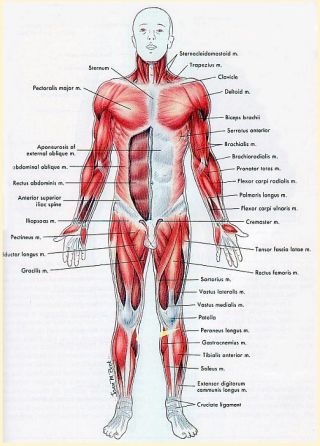
NOTE: The muscle *tissue* is controlled from the cerebral medulla, whereas muscle *movement* is directed from the motor cortex. The smooth musculature of the myocardium (20%) as well as of the colon and uterus are controlled from the midbrain, which is part of the brainstem.

BIOLOGICAL CONFLICTS: The biological conflicts linked to new-brain mesodermal tissues relate predominantly to "self-devaluation conflicts".

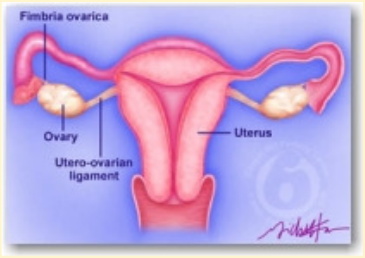
A "**self-devaluation conflict**" refers to a loss of self-esteem or self-worth.



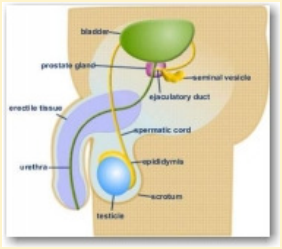
Whether the self-devaluation conflict (SDC) involves the **bones**, the muscles, the cartilage, the tendons, the ligaments, the connective tissue, the fat tissue, the blood vessels, or the lymph nodes, is determined by the **intensity of the conflict** (severe SDC affects bones or joints; a less intense SDC affects the lymph node(s) or muscles; a small SDC affects the tendons).

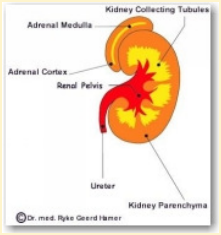


The **exact location of the symptoms** (arthritis, muscle atrophy, or tendonitis) **is determined by the exact nature of the self-devaluation conflict**. A "dexterity conflict", experienced, for instance, with the failure to perform a manual task such as typing or fine manual work, affects the hand and fingers; an "intellectual self-devaluation conflict", triggered, for example, by having failed an exam or by being put down by somebody, involves the neck.



The **ovaries** and **testicles** are biologically linked to a "profound loss conflict" - the unexpected loss of a loved-one, including a pet. A fear of such a loss can already trigger the onset of the SBS.





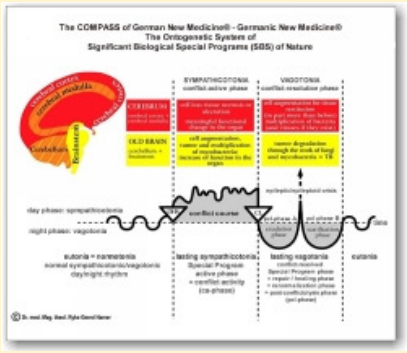
The **kidney parenchyma** (orange) is associated with a "water or fluid conflict" (e.g. a near drowning experience); the **adrenal cortex** is linked to the conflict of "having gone into the wrong direction", e.g. having made a wrong decision.

The **spleen** relates to a "blood or injury conflict" (heavy bleeding or, in a transposed sense, an unexpected blood test result).

The **myocardium** (heart muscle) relates to the "conflict of being completely overwhelmed".

With regard to medulla-controlled organs and tissues, there is a cross-over correlation from the brain to the organ. The rule of **laterality** has to be taken into account. If, for example, a right-handed woman suffers a "loss conflict" over her partner, the conflict impacts on the *left* hemisphere of the cerebral medulla, causing the development of an ovarian necrosis of the *right* ovary during the conflict-active phase. If she were left-handed, it would be reversed.

BRAIN-ORGAN-GERM LAYER RELATION:



In the cerebrum we have a new situation.

All organs and tissues that originate from the new brain mesoderm generate during the **conflict active phase tissue loss** as we see, for example, in **osteoporosis**, **bone cancer**, **muscular atrophy**, or **necroses of the spleen**, **ovaries**, **testicles**, or **kidney parenchyma tissue**, caused by their corresponding biological conflicts. With the resolution of the conflict the tissue-meltdown process immediately stops.

During the healing phase, the tissue loss is replenished through cell proliferation, ideally with the help of the tissue-related bacteria.

The natural healing process is typically accompanied by **swelling (edema)**, **inflammation**, **fever**, "**infection**" and pain. If the necessary microbes are not available, healing still occurs but not to a biologically optimal degree. Cancers such as **lymphoma** (Morbus Hodgkin), **adrenal cancer**, **Wilm's Tumor**, **osteosarcoma**, **ovarian cancer**, **testicular cancer**, or **leukemia**, are all of a curative nature and an indication that the related conflict has been resolved. Here we also find conditions such as **varicose veins**, **arthritis**, or **spleen enlargement**. Any healing condition becomes "chronic", if the healing process is repeatedly interrupted by conflict relapses.

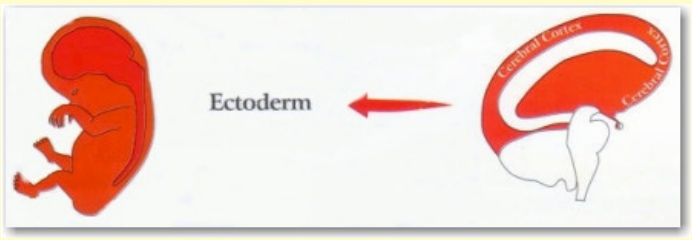
NOTE: The biological purpose of ALL cerebral medulla controlled SBSs is *at the end* of the healing phase. After the completion of the repair phase, the tissues (bones or muscles) and organs (ovaries, testicles, and so forth) are much stronger than before, and thus, better prepared in case of another DHS of the same nature.

THE ECTODERM (Outer Germ Layer)

When the under skin proved insufficient, a second skin developed that covered the entire corium skin. This second epithelial layer also migrated into the opening of the mouth as well as into the rectum, where it lined certain organs as well as organ ducts.

Organs and tissues that derive from the ectoderm are:

- Epidermis (skin)
- Periosteum (skin that covers the bones)
- Mouth (upper mucosa), incl. palate, gums, tongue, lining of salivary gland ducts
- Nasal and sinuses membrane
- Inner ear
- Lens, cornea, conjunctiva, retina, and vitreous body of the eyes
- Teeth enamel
- Lining of the milk ducts
- Lining of the thyroid gland ducts and of pharyngeal ducts
- Lining of the heart vessels (coronary arteries and coronary veins)
- Esophagus (upper 2/3)
- Laryngeal mucosa and Bronchial mucosa
- Stomach lining (small curvature)
- Lining of the bile ducts and gall bladder, and of pancreatic ducts
- Cervix and vagina
- Lining of renal pelvis, bladder, ureter, and urethra
- Lining of the rectum (lower part)
- Nerve cells of the Central Nervous System



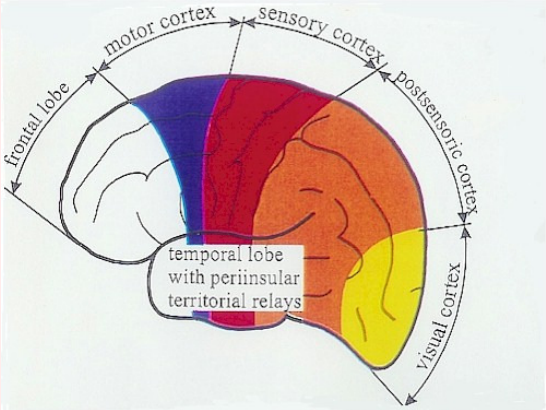
All organs and tissues that originate from the ectoderm consist of **squamous epithelial cells.** This is why cancers of these organs are called "squamous epithelial carcinomas".

All organs and tissues that derive from the ectoderm (the *youngest* germ layer) are controlled from the *youngest* part of the brain, the **CEREBRAL CORTEX**, and therefore they relate to more advanced biological conflicts.

BIOLOGICAL CONFLICTS: In accordance with the evolutionary development of the human organism, the biological conflicts linked to ectodermal tissues are of a more advanced nature.

Cerebral cortex controlled tissues relate to "**sexual conflicts**" (sexual rejection or sexual frustration), "**identity conflicts**" (not knowing where to belong), or "**TERRITORIAL CONFLICTS**", e.g., **territorial fear conflicts** (fright or scare within the territory) linked to the **larynx** and **bronchia**, **territorial loss conflicts** (a fear of losing the territory or the actual loss of it) linked to the coronary vessels; **territorial anger conflicts** - linked to the lining of the stomach, bile ducts, and pancreatic ducts; the inability of marking the territory (linked to the renal pelvis, the bladder, ureter and

urethra). "**Separation conflicts**" correlate to the skin and the milk-ducts lining. The Significant Biological Special Programs (SBS) of all these conflicts are exclusively controlled from specific brain areas in the **SENSORY CORTEX** (see diagram below).



The **POSTSENSORY CORTEX** controls the periosteum (skin that lines the bones) which relates to "separation conflicts", experienced as particularly severe or "brutal".

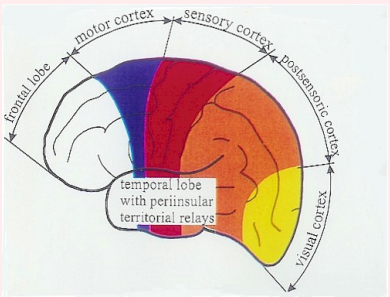
The **MOTOR CORTEX**, controlling the muscle movements, is programmed with biological responses to "motor conflicts", such as "not being able to escape" or "feeling stuck".

The **FRONTAL LOBE** receives "**frontal-fear-conflicts**" (a fear of heading into a dangerous situation) or "**conflicts of feeling powerless**", linked to the lining of the thyroid ducts and pharyngeal ducts.

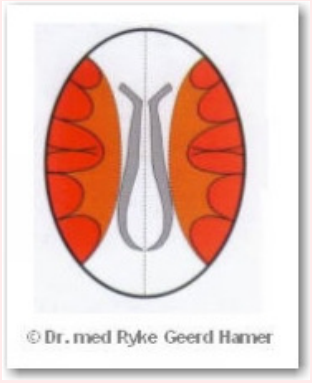
The **VISUAL CORTEX** relates to "**dangers that threaten from behind**", linked to the retina and the vitreous body of the eyes.

Other conflicts that relate to the cerebral cortex are "**stink conflicts**" (nasal membrane), "**bite conflicts**" (teeth enamel), "**oral conflicts**" (mouth, including the gums), "**hearing conflicts**" (inner ear), and "**disgust and revulsion conflicts**" or "**fear and resistance conflicts**" (islet cells of the pancreas).

With organs that are controlled from the motor cortex, (post)sensory cortex, and visual cortex, the rules of **laterality** have to be taken into account. If, for example, a left-handed-man suffers a "separation conflict" over his mother, the conflict impacts on the *left* hemisphere of the sensory cortex, causing a skin rash on the *right* side of the body during the healing phase..

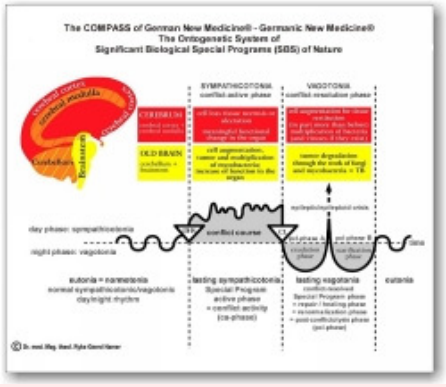


In the **TEMPORAL LOBE** (see diagram), in addition to **laterality** and **gender** (male or female), the **hormone status**, explicitly the estrogen and testosterone status, have to be taken into account. The hormonal status determines whether the conflict is experienced in a male or female manner, which in turn determines whether the conflict impacts on the right or left hemisphere of the temporal lobe. The *right* side of the temporal lobe is the "testosterone or male side", whereas the *left* side is the "estrogen or female side". If the hormone status changes as after menopause, or if the estrogen or testosterone level is suppressed



through medication (contraceptives, estrogen or testosterone lowering drugs, or Chemo), the biological identity also changes. Hence, after menopause a female can suffer "male conflicts", which register on the right, "male", brain hemisphere, resulting in different physical symptoms than if she were pre-menopausal.

BRAIN-ORGAN-GERM LAYER RELATION:



All organs and tissues deriving from the ectoderm generate during the **conflict active phase tissue loss (ulceration)**. With the resolution of the conflict the ulceration process immediately stops.

In the healing phase, the tissue loss that served a biological purpose during the conflict-active phase, is refilled and replenished through cell proliferation (whether viruses assist the tissue repair is highly questionable).

The natural healing process is typically accompanied by **swelling (edema)**, **inflammation**, **fever**, and **pain**. Bacteria (if available) assist the formation of scar tissue, resulting in symptoms of a "*bacterial* infection", for example, a bladder infection.

Cancers such as **intra-ductal breast cancer**, **bronchial carcinoma**, **cancer of the larynx**, **Non-Hodgkin's lymphoma**, or **cervical cancer**, are all of a curative nature and an indication that the related conflict has been resolved. Here we also find conditions such as **skin rashes**, **hemorrhoids**, the **common cold**, **bronchitis**, **laryngitis**, **jaundice**, **hepatitis**, **cataract**, or **goiter.**

FUNCTIONAL DISTURBANCE OR FUNCTIONAL LOSS

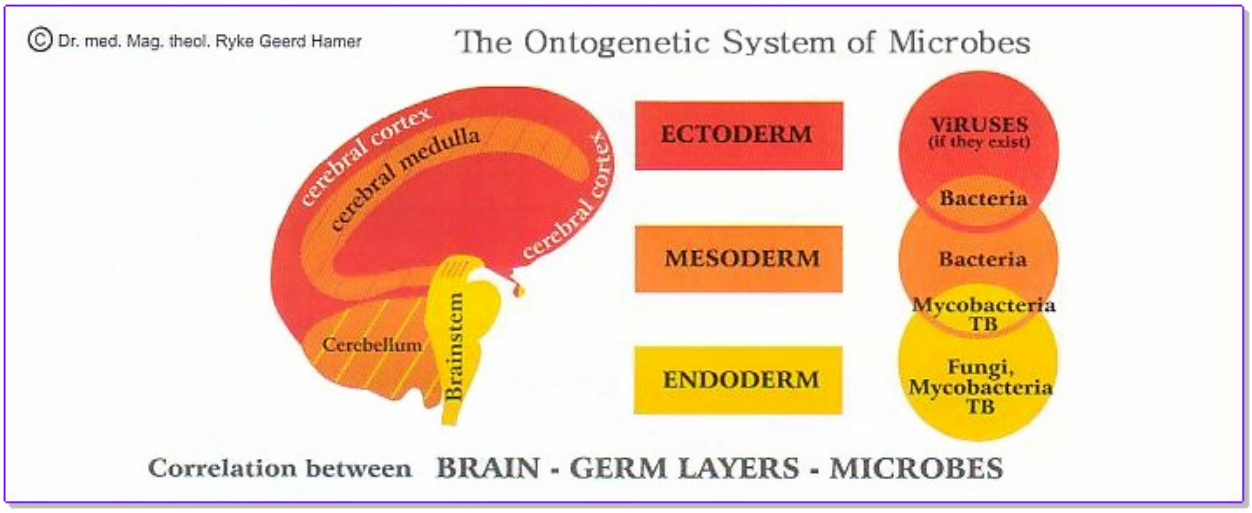
Instead of ulceration, certain cerebral cortex controlled organs, namely the **muscles**, the **periosteum** (skin that covers the bones), the **inner ear**, the **retina of the eyes**, and the **islet cells of the pancreas**, display during the conflict-active phase functional disturbance or functional loss, as we see, for example, in **hypoglycemia**, **diabetes**, **visual and hearing impairments**, **sensory or motor paralyses**. During the healing phase, to be precise, after the Epi-Crisis, the organ and tissue can regain its normal function, provided that a hanging healing situation can come to a close.

The Scientific Chart of German New Medicine® shows at a glance

- the correlation between psyche - brain - organ based on the Five Biological Laws, taking into account the three embryonic germ layers (endoderm, mesoderm, ectoderm)
- the type of biological conflict (DHS) that relates to a particular symptom, such as a certain cancer
- the location of the corresponding HH (Hamer Herd) in the brain
- symptoms that indicate conflict activity - ca-phase
- symptoms that indicate healing - pcl-phase
- the biological significance of each SBS (Significant Biological Special Program)

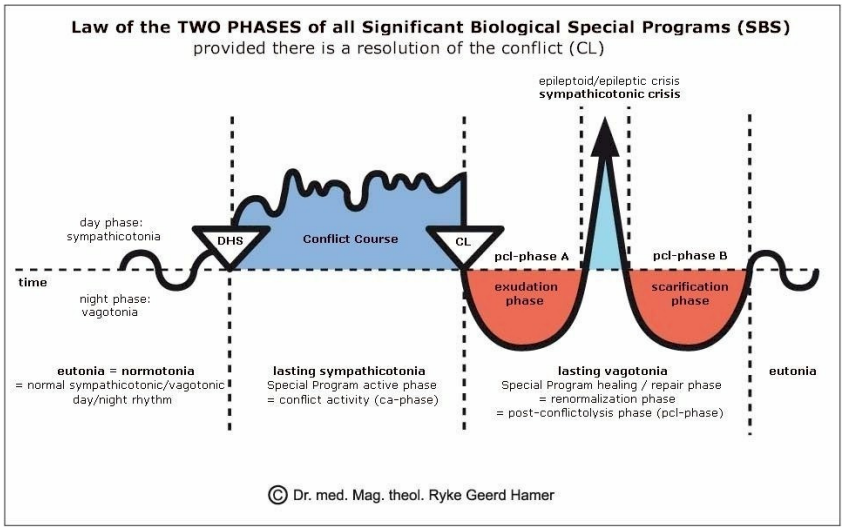
THE FOURTH BIOLOGICAL LAW

The Fourth Biological Law explains the beneficial role of microbes as they correlate to the three embryonic germ layers during the healing phase of any given Significant Biological Special Program (SBS).



For the first 2.5 billions years, microbes were the only organisms inhabiting the earth. Eventually, microbes gradually populated the developing human organism. The biological function of the microbes was to maintain the organs and tissues and keep them in a healthy state. Throughout the ages, microbes, such as bacteria and fungi, have been indispensable for our survival.

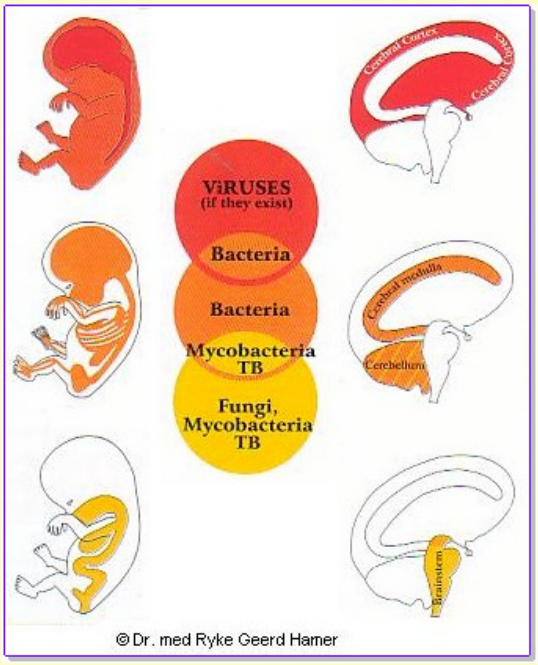
Microbes are only active in the healing phase!



In "Normotonia" (before an SBS) as well as during the conflict-active phase, microbes are dormant. However, at the moment the conflict is resolved, the microbes residing in the conflict-related organ, receive an impulse from the brain to assist the healing process that has been set into motion.

Microbes are endemic; they live in symbiosis with all organisms of the ecological milieu, in which they have developed over millions of years. Contact with microbes that are foreign to the human organism, for example through traveling abroad, does not cause per se a "disease". However, if, let's say a European happens to resolve a conflict in the tropics and comes in contact with local microbes, the conflict-related organ will use the bacteria or fungi during the healing phase. Since the body is not accustomed to these exotic helpers, the healing process can be quite severe.

Microbes don't cross the tissue threshold!



The diagram shows the classification of microbes in relation to the three embryonic germ layers and the areas of the brain, from where the activities of microbes are controlled and coordinated.

Mycobacteria and fungi only operate in tissues that originate from the endoderm and the old-brain mesoderm, whereas bacteria that are not mycobacteria only participate in the healing of tissues deriving from the new-brain mesoderm.

This biological system is inherent in every species

The manner in which microbes assist the healing process is in full accordance with evolutionary logic.

FUNGI and MYCOBACTERIA (TB-Bacteria) are the oldest microbes. They work exclusively on organs and tissues controlled from the **OLD BRAIN** (brainstem and cerebellum), which are of endodermal or old-brain mesodermal origin.

During the healing phase, fungi, such as *candida albicans*, or mycobacteria, like tubercular bacteria (TB), decompose the cells that served a biological purpose during the conflict-active phase.

As natural "micro-surgeons", fungi and mycobacteria *remove*, for example, colon tumors, lung tumors, kidney tumors, liver tumors, glandular breast tumors, etc. that are no longer needed.

What makes mycobacteria so remarkable is that they start to multiply immediately at the moment of the DHS. They multiply at a rate parallel to the growing tumor, so that the moment the conflict is resolved, the exact amount of tubercular bacteria will be available to decompose and remove the cancer.

Symptoms: During the decomposing process, the remnants of the healing process are eliminated through the stool (colon-SBS), the urine (kidney-SBS, prostate-SBS), or the lungs (lung-SBS), typically accompanied with **night sweats, discharge** (potentially mixed with blood), **swelling**, **inflammation**, **fever**, **and pain**. This natural microbial process is erroneously called an "infection".

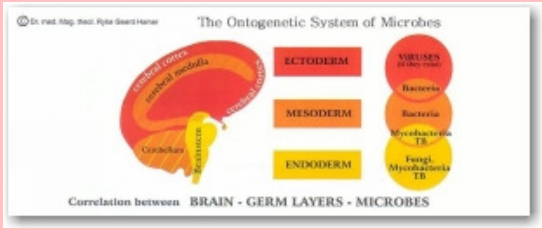
If the necessary microbes have been eradicated, for example through over-use of antibiotics or "Chemo", **the tumor encapsulates and stays in place with no further cell division**.

Fungi and BACTERIA that are not mycobacteria operate exclusively on organs and tissues controlled from the **CEREBRAL MEDULLA**, which are of new brain mesodermal origin.

During the healing phase these types of bacteria help to *refill* and *replenish* the tissue loss that took place during the conflict-active phase. Staphylococcus bacteria or streptococcus bacteria, for example, assist the reconstruction of bone tissue and help to rebuild the cell loss (necrosis) of ovarian or testicular tissue. They also take part in the formation of scar tissue, as connective tissue is controlled from the cerebral medulla. Should these bacteria be absent, healing still occurs, although not to the biological optimum.

Symptoms: The microbial replenishing process is typically accompanied with **discharge, swelling, inflammation, fever, and pain.** This natural microbial process is erroneously called an "infection".

NOTE: The function of TB-bacteria is exclusively to *remove* tissue (controlled from the Old Brain), whereas all other bacteria assist the *reconstruction* of tissue (controlled from the cerebrum).



As far as the role of "**viruses**" is concerned, in GMM we prefer to speak of "**hypothetical viruses**", since lately the existence of viruses has been called into question. The lack of scientific proof for the claim that specific viruses cause specific "infections" is in accordance with Dr. Hamer's earlier findings, namely, that the reconstruction process of ectodermal cerebral cortex-controlled tissue e.g., of the epidermis of the skin, the cervix uteri, the lining of the bile ducts of the liver, the lining of the stomach, the lining of the bronchial mucosa, or the nasal membrane, still occurs, even *without* the presence of viruses. That is to say that the skin heals without the herpes "virus", the liver without the hepatitis "virus", the nasal membrane without the "flu virus", and so forth.

Symptoms: The replenishing process is typically accompanied by **swelling**, **inflammation**, **fever**, **and pain**. This natural microbial process is erroneously called an "infection".

If viruses did in fact exist, they would - in line with evolutionary reasoning - ***assist* the reconstruction of ectodermal tissues!** Based on the beneficial role of microbes, viruses would
not be the cause of "diseases", but would instead play a vital role in the healing process of cerebral cortex controlled tissues!

In view of the Fourth Biological Law, microbes can no longer be considered the cause of "infectious diseases". With the understanding that microbes do not *cause* diseases but *play instead a beneficial role in the healing phase*, the concept of an immune-system, viewed as a defense system against "pathogenic microbes", becomes meaningless.

THE FIFTH BIOLOGICAL LAW

THE QUINTESSENCE

Every disease is part of a Significant Biological Special Program created to assist an organism (humans and animals alike) in resolving a biological conflict.

DR. HAMER: "All so-called diseases have a special biological meaning. While we used to regard Mother Nature as fallible and had the audacity to believe that She constantly made mistakes and caused breakdowns (malignant, senseless, degenerative cancerous growths, etc.) we can now see, as the scales fall from our eyes, that it was our ignorance and pride that were and are the only foolishness in our cosmos.

Blinded, we brought upon ourselves this senseless, soulless and brutal medicine. Full of wonder, we can now understand for the first time that Nature is orderly (we already knew that), and every occurrence in Nature is meaningful, even in the framework of the whole, and that the events we called diseases are not senseless disturbances to be repaired by aspiring sorcerers. Nothing in Nature is meaningless, malignant or diseased."

Written by: Caroline Markolin, Ph.D.

Extracted from:
www.LearningGNM.com

Disclaimer:
The information in this document does not replace professional medical advice.

QUESTIONING THE "METASTASIS" THEORY

Caroline Markolin, Ph.D.

"How cancer cells become metastatic still remains a mystery"

Yale University (2008)

The metastasis theory proposes that cancer cells break off of a primary tumor, travel through the bloodstream and lymph system, and randomly attach to other organs, where they cause a second cancerous growth. The process is believed to be uncontrolled, with, mutated, "malignant", rogue cells acting on their own, against the normal order and intelligence of the body.

A brief historical perspective

In the seventeenth and eighteenth centuries, infections and tumors were considered "morbid material", which, if not normally excreted or drained from the body, could accumulate, turn "malignant", and cause death if it spread to other areas of the body. When the cancer or infection was thought to have spread from one organ to another, it was called "metastasis". Medical therapies such as lancing, purging, blistering, bleeding, and poisoning sought to aid the drainage of the "deadly" substances.

In the nineteenth century, microorganisms were included in the catalogue of "morbid materials", and Pasteur's germ theory became the prevailing rationale that supported the theory of metastasis. In the twentieth century, supposedly mutant, rogue, cancer cells were added to the list, joining bacteria, fungi, and viruses as disease-causing agents.

Over the centuries, the "morbid materials" were given different names, the underlying theory, however, has remained the same, to the present day.

In today's medicine, both allopathic and naturopathic, it is still *assumed* that cancer cells and microbes act *against* our body and that our organism is not in control of the process. To this day, the human body is believed to be at war against evil forces trying to harm and to destroy it. The most basic axioms upon which medical theory rests, remain rooted in dark-ages fear and superstition, ignorant of the creative and loving intelligence that pervades nature and the human body.

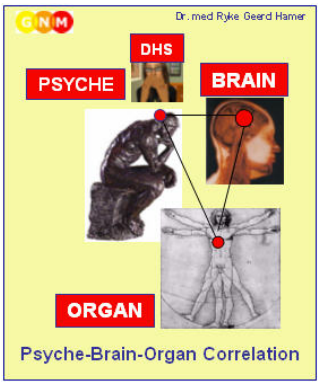
Dr. Hamer: "Through the millennia, humanity has more or less consciously known that all diseases ultimately have a **psychological origin**. This understanding became a "scientific" asset, firmly anchored in the inheritance of universal knowledge."

THE METASTASIS THEORY IN LIGHT OF DR. HAMER'S DISCOVERIES

The biological brain

The metastasis theory entirely discounts that the function of every cell of the body is controlled from the brain. Instead, it treats each cell as a sentient organism doing its own thing. But, a century of medical research confirms that the brain is the "coordinating bio-electrical center" that regulates the body's biochemical processes, including "pathological" changes in organs and tissues. Even "infectious diseases" cannot progress when nerves to the affected organ are severed (R. H. Walker: *Functional Processes of Disease*, 1951), proving that even the action of microbes are directed by the brain.

Based on the scientific fact that the brain functions as the biological control center of the body, Dr. Hamer discovered the psyche as a third component that interacts simultaneously with the brain and the cells in the body.



Through the analysis of his patient's brain scans, Dr. Hamer found that a "conflict shock" (DHS), occurs not only in the psyche, but impacts simultaneously in the area of the brain that correlates biologically to the particular conflict. The moment the brain cells register the DHS, the information is immediately transmitted to the corresponding organ, and at this instant, a Significant Biological Special Program (SBS) is activated to assist the organism, both on the psychological and physical level, during that crisis. Hence, each cancer or tumor growth is a *meaningful* biological response to a very specific conflict situation. On a brain scan the impact of each conflict is visible as a set of sharp concentric rings.

By comparing tens of thousands of his patients' brain CTs with their medical records and their personal histories, Dr. Hamer was able to identify the exact location in the brain from where each Special Biological Program (SBS) was coordinated. The result of this ground-breaking research was the creation of the "Scientific Chart of German New Medicine".

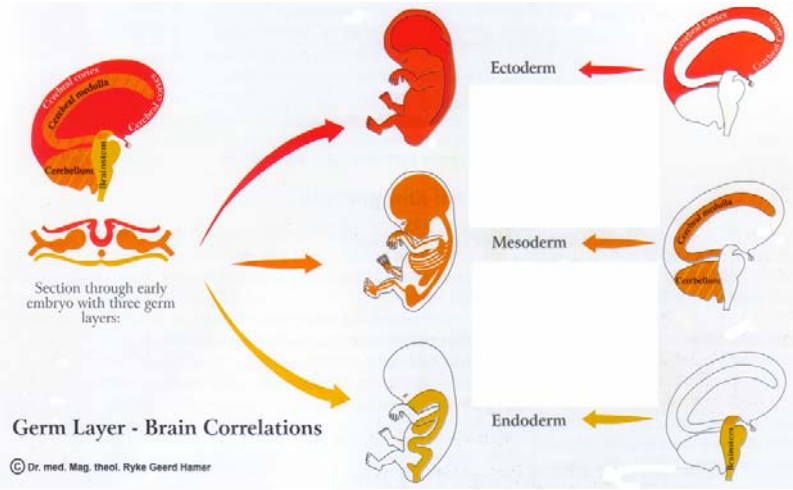
Firmly supported by the science of embryology, Dr. Hamer's findings provide the scientific proof that this brain-mediated correlation between the psyche and the body is inherent in every organism. That is to say that *all* species respond to a "death-fright conflict" with lung cancer, to an "existence conflict" (feeling 'like a fish out of water') with kidney cancer, or to a "nest-worry conflict" (mammals and humans) with breast cancer.

The reason why all creatures respond to the same type of conflict with the same organ is that, whether fish, reptile, mammal, or human, all organs of all species can be traced to one of the three embryonic germ layers that develop during the very first period of the embryonic stage. To be exact, the lungs or heart or bones of every living organism are formed from the same type of germ layer and are, therefore, of the same tissue type. This confirms, from a solely biological point of view that we ALL originate from the same source!

Because of our deep inter-connection with all life, we speak in GNM of biological conflicts rather than of psychological conflicts.

Cancer cells don’t cross the tissue threshold

In the course of this research, Dr. Hamer also discovered that the way the individual brain control centers are arranged in the brain follows a beautiful natural order. The locations of the brain relays show that all tissues that derive from the same germ layer are controlled from the same area in the brain (see diagram).


Ectoderm
Mesoderm
Endoderm
Section through early embryo with three germ layers:
Germ Layer - Brain Correlations
© Dr. med. Mag. theol. Ryke Geerd Hamer

All organs and tissues that derive from the endoderm are controlled from the brainstem; all mesodermal tissues are controlled from the cerebellum or the cerebral medulla; all ectodermal tissues are controlled from the cerebrum. At the organ level we don’t readily notice this structure, because organs of the same tissue type are not always grouped together in the body, and lie often far apart, for example, the rectum and the larynx. In the brain, however, the brain relays of the same tissue type are positioned side by side, in perfect order.

Hence, every disease always involves a very specific brain relay that controls the correlating conflict-related organ or tissue. Under no circumstances are cancer cells able to “metastasize” to an organ or tissue controlled by a different, unaffected brain relay, and neither can cancer cells “spread” to a tissue type that derives from a different germ layer. Cancer cells, the activity of microbes, and other disease symptoms are absolutely bound to the specific organ or tissue for which the brain has activated the Significant Biological Special Program (SBS).

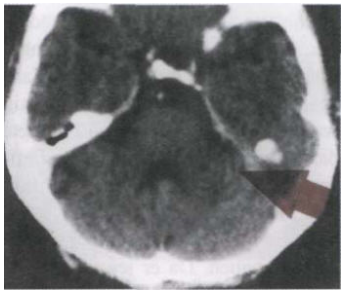
The Third Biological Law offers, for the first time in medicine, a reliable system that allows a classification of all diseases according to their tissue type. Regarding cancer, the “Ontogenetic System of Tumors” indicates that a cancer develops either in the conflict-active phase in old-brain controlled organs, in which case the tumor has a biological significance as it enhances the function of the organ to facilitate a conflict resolution, or a cancer develops in the healing phase in cerebrum-controlled organs, where the tumor is the result of a natural healing and replenishing process after the related conflict has been resolved. Either way, and this is the quintessence of Dr. Hamer’s discoveries, **cancer is always part of a *meaningful* biological process, and can therefore no longer be considered a “disease”, let alone a “malignant disease”**.

Making sense of secondary cancers from the GNM perspective

German New Medicine does not dispute the existence of second or multiple cancers. But, as we now learn to understand, second cancers are not caused by “spreading” cancer cells, but are the result of *simultaneous* or *further* conflict shocks, involving the organ that is biologically linked to the respective conflicts. This applies, without exception, in *every* case of cancer.

According to the National Cancer Institute, the most common “metastatic” cancers are those that have “spread” to the lungs, liver, bones, lymph nodes, or the brain. In light of Dr. Hamer’s discoveries, it is readily apparent why this is so.

Lung cancer is biologically linked to a “death-fright conflict”. As a secondary cancer, lung cancer is most often the result of a diagnosis or prognosis shock perceived as a death-sentence.



This picture of a brain CT shows the HH in the brain relay that controls the lungs. The moment the death-fright impacts in the brain, the lung alveoli cells, in charge of processing oxygen, immediately start to multiply, because in biological terms the death-panic is equated with not being able to breathe. The biological purpose of the cell proliferation – the lung cancer – is to increase the capacity of the lungs so that the individual is in a better position to cope with the death-fright.

Lung cancer in pcl-phase A

Considering that each day thousands of cancer patients are literally scared to death by a cancer diagnosis shock or a negative prognosis (“You have three months to live”), it is no wonder that lung cancer is the “No. 1 Killer”.

Based on the biological psyche-brain-organ interplay, **smoking cannot be the cause of lung cancer**, unless smoking cigarettes is related to an unexpected death-fright (“This will kill you!”). It is the *biological* nature of “diseases” which explains why lung cancer is today the most frequent cancer. This also clarifies the discrepancy of an increase in lung cancer in spite of the fact that a lot less people smoke. The toxins in cigarette smoke, however, can make the healing phase much more difficult, particularly when a healing process is taking place in the respiratory tract.

Animals, like our pets, rarely get lung cancer, not because they don’t smoke ☺ but because they are oblivious to a diagnosis. Nancy Zimmermann, director of medical support at Banfield, the Pet Hospital, one of the world's largest veterinary practices: “It's important to note that there's no absolute direct link between smoking and cancer in pets.” (*National and Oregon Health and Wellness Information and Medical News*, January 19, 2009). – see also Carcinogen-Theory

Multiple cancers can also be the result of a DHS that has more than one aspect. If a man, for instance, loses his job unexpectedly, he can *simultaneously* suffer a “starvation conflict” (“I don’t know how to provide for myself”) *and* an “existence conflict” (“my livelihood is at stake”). Each conflict impacts in the conflict-related brain relay and in this case *two* Special Biological Programs will be activated. If the conflict-activity is intense, a liver tumor *and* a kidney tumor will develop during the conflict-active stress phase. After the conflict has been resolved (for example, with getting a new job) both tumors will undergo a natural healing process.

Bone cancer is, according to Dr. Hamer’s findings, linked to “self-devaluation conflicts”, which cancer patients typically experience because of feeling “worthless”.

During the conflict-active phase, the bone(s) or joint(s) closest to where one feels “useless”, “sick”, or “inadequate” generate a *loss* of bone tissue (termed “osteolytic bone cancer”). This explains why after a prostate cancer diagnosis men often develop bone cancer in the pelvis or lumbar spine, which are nearest to the prostate (60% of all “bone metastases” in men are prostate related). Similarly, women who suffer a loss of self-worth because of a breast cancer diagnosis or a disfiguring mastectomy, typically develop bone cancer in the ribs or the sternum (70% of all “bone metastases” in women are

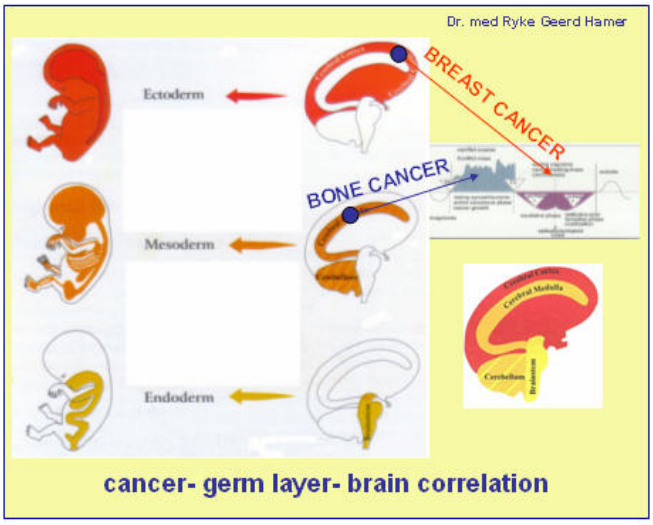
related to breast cancer). Considering the physical and sexual self-devaluation that men often feel when dealing with prostate cancer, and women often suffer when facing the loss of a breast, it is obvious why conflict shocks that affect the bones in these areas are so common. The same applies to the development of **lymphomas** (typically in the axillary lymph nodes as a result of a "breast self-devaluation" or in the pelvis area in connection with prostate cancer).

Contradicting metastasis theories vis-à-vis Dr. Hamer's research

Current medical theory is that metastasizing cells are *of the same kind* as those in the original tumor, i.e., if a cancer arises in the breast and metastasizes to the bones, the cancer cells in the bones are believed to be *breast cancer cells*. However, in 2006, Dr. Vincent Giguère, a cancer researcher at the McGill University Health Centre in Montreal, stated the opposite: "'Breast cancer cells, for example, often move to the bones. This is quite a feat, since *they first have to morph* from breast cells into bone cells', says Dr. Giguère, 'He and his colleagues are trying to figure out how they do it.'"(*Globe & Mail*, November 28, 2006).

Based on Dr. Hamer's research, neither of the two metastasis theories can be scientifically verified, since both theories assume that cancer originates *in the body*, where healthy cells supposedly mutate - all of a sudden and for no reason - into "malignant" cells. This concept fails to recognize that cancers, like all bodily processes, are controlled from the brain and that all cancers originate in reality in the psyche! In view of this new understanding of the nature and the origin of cancer, secondary cancers cannot be the result of cancer cells spreading by way of the blood or lymph system to other organs, because under no circumstances are cancer cells able to bypass this well-established biological system. The standard metastasis-theories (aside from their embarrassing contradictions) also entirely ignore the histological association of each and every cancer to one of the three embryonic germ layers.

Let's look, for example, at intra-ductal breast cancer and bone cancer:



The ectodermal lining of the milk-ducts, including intra-ductal tumors, are controlled from the cerebral cortex (red) whereas the bones, which derive from the mesoderm, are controlled from the cerebral medulla (orange). An intra-ductal breast cancer is linked to a "separation conflict" and develops exclusively during the healing phase, whereas bone cancer is always an indication of conflict-activity of a "self-devaluation conflict".

Thus, if the bone cancer is a secondary cancer after breast cancer, the bone cancer can only be caused by a "self-devaluation", experienced at a time *when the breast cancer is already in the healing phase*!

What makes the concept of “breast cancer spreading to the bones” even more irrational is that a so-called “osteoclastic metastasis” (a primary cancer, such as a breast cancer or prostate cancer, which has “spread to the bones”) is by definition not a tumor growth but the opposite, namely a loss of bone tissue. How breast cancer cells are supposed to create “cancerous” holes in bones without the involvement of the brain, has yet to be explained.

“Metastasis”-tests under scrutiny

Pathologists claim that they are able to detect the origin of a secondary cancer through the analysis of tissue samples (biopsies). The current practice is to use stains and antibodies to identify proteins that are typical of a specific tumor. This method is called the “immuno-histochemical technique”. A critical look at this method, however, quickly reveals that this procedure does *not* identify metastasizing cancer cells but only *proteins,* released from a tumor. A comment on the UCLA educational website (http://www.research.ucla.edu/tech/ucla06-707.htm) admits to this obvious discrepancy: “Although the analysis may be simple, it often suffers from low sensitivity or specificity, and does not provide adequate functional measurements concerning tumor cell behavior.”

From the GNM point of view, the release of proteins from a tumor is a natural part of the healing process, particularly when the tumor is decomposed by tubercular bacteria during the healing phase, in the case of a glandular breast cancer, for example. As the body breaks down the now superfluous cells, proteins are released into the bloodstream. The immuno-histochemical technique is *only tracking these proteins*, and yet we are given the impression they are tracking live cancer cells.

The metastasis theory proposes that cancer cells travel through the blood or lymph system

However, there has never been an observation of live cancer cells in the blood or lymph fluid of a cancer patient. Only *antibodies* have been identified, which do not prove the presence of viable, “metastatic” cancer cells (the same “indirect evidence” -method is used to “prove” the existence of viruses as a cause of “viral infections”).

Cancer cells from a primary tumor have never been observed naturally attaching to another organ or tissue and growing a new tumor. Again, only “antibodies” or “proteins” have been traced to a secondary cancer.

In experiments where researchers inject millions of multiplying, “malignant” cancer cells from a growing tumor directly into the bloodstream, secondary tumors rarely occur. “Using a model in which human breast cancer cells were grown in immuno compromised mice, we found that only a minority of breast cancer cells had the ability to form new tumors.” (Dept. of Internal Medicine, Comprehensive Cancer Center, University of Michigan Medical School, Ann Arbor, MI 48109, USA.). Source: Proceedings of the National Academy of Science of the U.S.A. {http://www.pnas.org/content/100/7/3983.abstract}

Common-sense questions we should ask:

- If it is true that cancer cells travel via the blood stream, why is donated blood not screened for cancer cells, and why is the public not being warned by the health authorities of the risks of coming in contact with the blood of a cancer patient?

- If it is true that cancer cells migrate via the blood stream, why are cancers of the blood vessel walls or of the heart not the most frequent cancers, since those are the tissues that would be most exposed to cancer cells traveling in the blood and lymph?

- If it is true that cancer cells metastasize to other organs by way of the lymph system, how is it possible that a "metastasizing" cancer develops in the lungs or in the bones (statistically the most frequent sites of "metastatic tumors"), although these tissues are not supplied with lymph fluid?

- If it is true that secondary tumors are caused by cancer cells migrating through the blood or lymph system, why do cancer cells of a primary tumor rarely travel to adjacent tissues, for example, from the uterus to the cervix or from the bones to neighboring muscle tissue?

The "brain metastasis" theory vis-à-vis Dr, Hamer's discoveries

Dr. Hamer established in the 1980's that so-called "brain tumors" are not, as assumed, abnormal growths in the brain, but instead glial cells (brain connective tissue) that naturally accumulate in the second half of the healing phase (pcl-phase B) in that area of the brain which is - parallel to the healing organ – also in healing at the time. That is to say, that this glial repair process occurs during ANY given healing phase, whether it is a skin rash {my Skin article}, hemorrhoids, a common cold , a bladder infection, or a cancer. It is an absolute indication that the biological conflict has been resolved and the psyche, brain, and organ are all in the latter stage of healing.

Questions we should therefore also ask

- If it is true that cancers metastasize to the brain, why are cancer cells allowed to pass the blood-brain-barrier that functions as a vital filter to prevent harmful substances from entering the brain?

- Why do we never hear about "brain tumor"-cells metastasizing from the brain *to* an organ, let's say, to the prostate, to the bones, or to the breast? Based on the prevalent doctrines this would translate, for example, into brain cancer cells causing lung cancer!!

Dr. Hamer's German New Medicine is the biggest challenge the medical establishment, including today's medical science and a profit-driven medical industry, has ever faced. Aware of this threat, the health authorities, supported by the justice system and the media, are using their power to silence Dr. Hamer's medical discoveries and to persecute, vilify, and criminalize its originator.

GNM

Understanding “Genetic Diseases” in the context of German New Medicine

Caroline Markolin, Ph.D.

GENETICS AND THE POWER OF A MEDICAL DOGMA

The theory of the genetic origin of diseases is one of the most firmly upheld doctrines of today's medicine.

Medical science claims that cancer is brought on by "mistakes in DNA replication", causing cells to gradually change from normal to "abnormal" and eventually to "malignant" cells. The mapping of cancer genes is thus one of modern medicine's latest ventures.

Modeled after the Human Genome Project, the *International Cancer Genome Consortium* has been created to coordinate cancer genome sequencing on a large scale. The objective, as clearly stated by Dr. Mike Stratton from the Cancer Genome Project (the Wellcome Trust Sanger Institute), is that "by identifying all the cancer genes we will be able to develop new drugs that target the specific mutated genes and work out which patients will benefit from these novel treatments".

Recently, British Scientists found 23,000 mutations in lung cancer cases. Curiously, they also found that not all of these mutations cause cancer! Mutations in the genes BRCA1 and BRCA2 are said to increase a woman's risk of getting breast cancer. Within the next five years, the *Consortium* plans to map the genomes of yet another 1,500 different breast cancers. "The more breast cancer genomes they map, the better an idea we have of the disease's causes", says Dr. Reis-Filho of the Institute of Cancer Research in London (Los Angeles Times, December 24, 2009).

Under the guise of "good science", "prophylactic" measures such as "preventive mastectomies" are recommended "to reduce the chance of developing cancer". Another "preventive" measure is the "zapping" of the tagged cancer cells, "because a cancer cell is like a person and we must kill it to live", argues Dana Blankenhorn (Rethinking Health Care).

The medical consensus on the genetic origin of diseases also serves as justification for the screening of embryos for "abnormal" genes. Pre-implantation genetic diagnosis (PGD) involves taking a cell from an embryo at the eight-cell stage of development and testing it. Doctors then "select an embryo free from rogue genes to continue the pregnancy, and discard any whose genetic profile points to future problems. Using PGD is to ensure a baby does not carry an altered gene." (BBC News, January 8, 2008)

All too often, medicine takes it upon itself to "improve" human beings. Here again, in spite of the lack of evidence that "defective genes" are necessarily the cause of cancer

and a very limited knowledge as to precisely why the genetic changes occur in the first place.

EPIGENETICS AND THE POWER OF THE ANCESTORS

Studies in the science of Epigenetics show that genes are by no means 'set in stone' but that they can alter themselves in response to a person's environment. In short, the DNA and thus the biology of an organism are constantly adjusting themselves to signals from outside the cells, including energetic information arising from thoughts and beliefs.

Based on this new model, Epigeneticists are of the view that diseases such as cancer are not caused by defective genes, as claimed by mainstream geneticists, but rather by *non-genetic factors* that alter the expression of genes *without* changing the DNA sequence.

Furthermore, proponents of the theory suggest that ancestral emotions and life experiences have an enduring effect on subsequent generations. The onset of a present day illness is believed to be triggered by tapping into the "transgenerational memory" of a forbearer. This idea is based on observations such as "the paternal (but not maternal) grandsons of Swedish boys who were exposed during preadolescence to famine in the 19th century were less likely to die of cardiovascular disease. The opposite effect was observed for females; the paternal (but not maternal) granddaughters of women who experienced famine while in the womb (and their eggs were being formed) lived shorter lives on average" (*Ghost in Your Genes*, Marcus Pembrey, University College London, BBC 2006).

Total Biology (Claude Sabbah), Biogenealogy (Christian Freche), and Biodecoding (Marie-Anne Boularand) follow a similar philosophy. Ironically, these modalities are based on a bizarre distortion of Dr. Hamer's scientific discoveries. "Biological conflicts", for instance, are construed as "seeds sown in the life of the individual's ancestors, who inject a distressful memory into the family tree that silently leaps from generation to generation, where it is transmuted into illness" (Patrick Obissier). Hence, "freedom from the Ancestor Syndrome" (Ancelin Schutzenberger) is the prime objective of the "therapy", which aims to release the descendant from the genetic programming, so that he, in turn, is spared from inflicting diseases upon future generations.

The notion that a current illness has its origin in the distressing life experience of an ancestor cannot be substantiated. This relegates the notion of the transgenerational causes of diseases to the realm of myths, in this case myths steeped in fear and in guilt. The same applies to the staged dramas of Bert Hellinger's "Family Constellations"-therapy, whose objective is to 'cure' an individual's ailment by invoking unresolved issues of or with members of the clan, both of the past and the present.

"The Biology of Belief" - "The Biology of Change"

The studies of Bruce Lipton, presented in "The Biology of Belief" (2005), are refreshingly science-based. Dr. Lipton, a trained cell biologist, demonstrates through scientific experimentation that the behavior of cells and the epigenetic expression of genes are indeed influenced by a person's beliefs and perception of the world. This translates into a

profound shift from being controlled *by* our genes to the control *over* our genes. "From Victim to Master" quickly became the slogan of Epigeneticists.

Dr. Joe Dispenza ("Evolve Your Brain", 2006) introduces the "Biology of Change" by drawing on intriguing research from the emerging field of neuroplasticity. In accordance with the discoveries of the new physics of quantum mechanics, both Lipton's and Dispenza's findings corroborate, whether on the cellular and neurological level, that the mind is a powerful co-creator of our reality.

On the principle "the mind controls the genes" and "thoughts change the biology" both researchers conclude that beliefs and thoughts must also be the underlying cause of diseases. "A negative belief can make you sick" (Lipton) and "thoughts create disease" (Dispenza), they argue. At first glance, this seems reasonable. However, the beliefs-and-thoughts-cause-disease theory fails to explain why a person develops a very specific disease; why a heart condition, why a certain type of cancer, why a muscle disorder, why a skin rash, or simply a common cold. The theory is unable to explain why, for example, a woman develops breast cancer in the breast glands (glandular breast cancer) or in the milk-ducts (intra-ductal breast cancer), why the cancer is in her right or in her left breast, why the tumor grows fast or more slowly, and, furthermore, why not every woman who "believes" in breast cancer, rather who is indoctrinated with the fear of breast cancer, which is the vast majority of women, ends up getting the cancer. The claim that an illness is the result of a person's beliefs or thoughts does not account for the fact that non-congenital diseases, such as hepatitis, occur already in newborns. Furthermore, mammals and other species also develop illnesses, including many different types of cancers, even though they (most likely) do not "believe in diseases"

Nature never deceives us,
it is always us who deceive ourselves - Rousseau

All medical theories, whether conventional or "alternative", past or current, are based on the concept that diseases are "malfunctions" of the organism. Diseases are thought to be caused by pathogenic microbes, malignant cancer cells, defective gene mutations, a weak immune system, environmental toxins, electromagnetic pollutants, geopathic radiation, carcinogens, smoking, a poor diet, obesity, nutritional deficiencies, imbalanced pH-levels, hormones, root canals, stress, negative beliefs, and the list goes on.

Dr. Hamer's ground-breaking discovery that diseases are not senseless "disorders" but in reality *meaningful* biological processes trying to *save* an organism rather than to destroy it, and his findings that diseases are not "errors" of Nature but instead Significant Biological Special Programs of Nature created to support an individual during emotional distress, turn medicine as we know it entirely on its head. German New Medicine is the biggest challenge medical science and medicine as a whole has ever faced.

THE BIOLOGY OF THE BRAIN

"The differentiation between the psyche, the brain, and the body is purely academic. In reality they are one. One without the other is inconceivable." - Ryke Geerd Hamer

Dr. Hamer is the first to investigate the cause of diseases by taking the brain into close account. The brain controls all processes in the body. By comparing his patients' brain CT scan with their medical records and their personal histories, he found that an emotional trauma or "conflict shock" (DHS as he termed it) leaves a visible mark in precisely the same area of the brain that controls the disease process. Based on the study of tens of thousands of cases, he discovered that the psyche, the brain and the body constitute a biological unit, encoded with Biological Special Programs to secure survival. Dr. Hamer established that the brain acts as a mediator between the psyche and the body, with both receiving and transmitting functions. He identified the brain as the biological control station from where these age-old emergency programs are directed and coordinated.

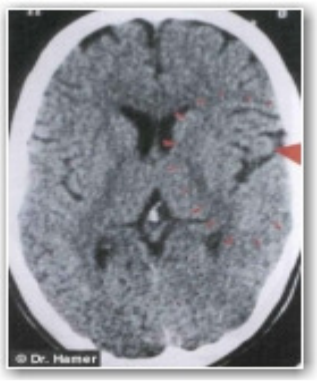
Every Significant Biological Special Program has two phases: a conflict-active phase and, provided the conflict can be resolved, a healing phase.

During the conflict-active phase, the whole organism is engaged in facilitating a conflict resolution. Beginning at the very moment of the DHS, the autonomic nervous system switches into a state of stress (sympathicotonia), causing "sleep disturbances", while the psyche shifts into a compulsive thinking mode. The purpose of the extra waking hours and intense focus on the conflict is to find a resolution to the conflict as soon as possible. Simultaneously, in unison with the psyche and the nervous system, the conflict-related organ responds with functional changes to assist the individual on the physical level during the unexpected distress. These well-coordinated processes are initiated and controlled from the precise brain relay that corresponds both to the particular type of conflict as well as to the related organ.

On a brain CT, the activity of a Biological Special Program is visible as a set of concentric rings.

Brain area: brainstem
Conflict: death-fright conflict
Organ: alveoli lung cells
Symptom: lung cancer

Brain area: sensory cortex
Conflict: separation conflict
Organ: periosteum left leg
Symptoms: numbness

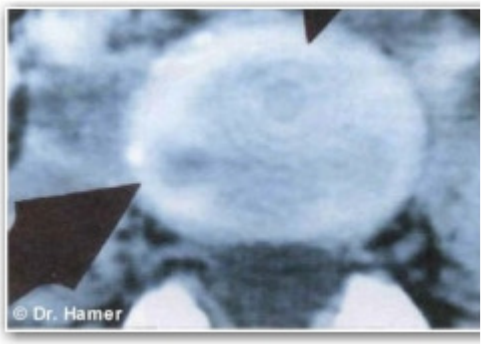


Brain: cerebral cortex
Conflict: territorial loss
Organ: coronary arteries
Symptoms: angina

Brain: motor cortex
Conflict: feeling stuck
Organ: muscle left arm
Symptom: paralysis

In GNM, the ring-configuration seen on a brain CT is called a Hamer Focus or HH.

Every so often the HH is also visible on an organ CT, which makes the brain-organ correlation strikingly evident.



CT tomogram of the 4th lumbar spine

Dr. Hamer: "When a biological conflict occurs in our psyche and the Significant Biological Special Program is set into motion, a corresponding process takes place in the brain as well as on the corresponding organ. This we know for sure. We also know that there is an "organ brain", which vibrates at the same frequency as the head-brain, which is why we see the ring-formed ripples both in the conflict-related brain relay and on the correlating organ. This suggests that it is these small organ cell-"brains", which cause the afflicted organ and the corresponding HH to vibrate at the same frequency!"

The remarkable resemblance of the target ring configuration to energy-transferring ("shock") waves, vividly illustrates that both the head-brain and the organ-brain are able to boost the body's energy level, should this be required due to a DHS.

THE 'BIOLOGY' OF THE PSYCHE

"In some way or other we are part of a single all-embracing psyche" - Carl Jung

Dr. Hamer's research reveals that the psyche is an integral part of our biology. It is the 'organ', so to speak, that instinctively recognizes dangers that could threaten our survival ("existence conflicts", "death-fright conflicts", "attack conflicts", "starvation conflicts"), the safety of our domain or home ("territorial conflicts"), the bond with members of our group ("loss conflicts", "separation conflicts", "abandonment conflicts"), or the survival of the group itself ("sexual conflicts", "nest worry conflicts"). Human beings share these conflicts with all species.

As human beings are capable of symbolic thought, we are able to experience these conflicts also in a figurative sense. For us, a "starvation conflict" can be initiated by the loss of a workplace and a fear of not knowing how to provide for ourselves. A "sexual conflict" can be caused by the distress that our partner is "mating" with someone else;

an "abandonment conflict" by feeling excluded or left behind. "Territorial anger" can be triggered at home, at work, or at school.

Biological **conflicts** differ from stress (even extreme stress) insofar as they occur *unexpectedly* and engage the *whole* organism, of which the psyche is one component. From a biological point of view, "unexpected" implies that the individual was caught off guard, and that this unpreparedness can have detrimental consequences. In order to support the individual during this unforeseen crisis, a Significant Biological Special Program, created for the exact situation, is instantly set into motion.

At the very instant of the conflict, the psyche associates a specific *biological* conflict theme with the event. This association is entirely subconscious. It remains unknown to the person who suffered the DHS until symptoms arise and reveal what exactly the subconscious mind associated with the particular conflict situation. For example, the unexpected loss of a loved one is not necessarily experienced as a *biological* "loss conflict". It can also be subjectively perceived as a "separation" (from a mate or offspring), as an "abandonment" (from the pack), or as a "fright" (in the nest or the territory), all manifesting different physical symptoms on the corresponding conflict-related organ.

In nature these conflicts are generally quickly resolved. Because we humans alienated ourselves from Nature, and have moved away from living in accordance with It, we experience "territorial conflicts", "attack conflicts", "sexual conflicts", "separation conflicts", "abandonment conflict", or "loss conflicts" much more frequently and typically the conflicts last for longer periods of time. This is why the complexity and severity of diseases seen in human beings, specifically the increase in cancer incidence, is not found to the same extent in the natural world.

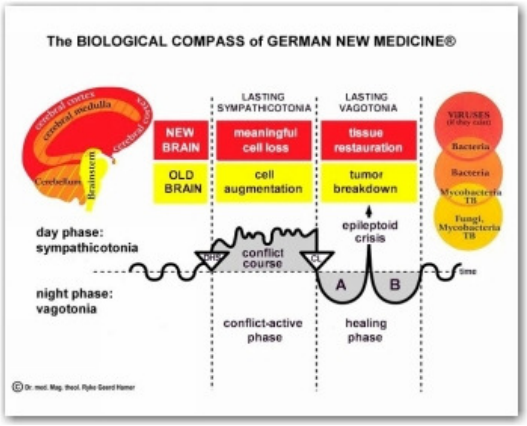
The *biological* conflict experience is innate. It is controlled from the very same brain relay that coordinates the emergency response to the particular conflict. How the psyche perceives a conflict is thus determined by the *biological* reading of the situation. It goes without saying that our beliefs, our values, our social and cultural conditioning, our knowledge, our expectations, our vulnerabilities, and many other factors, contribute to the subjective perception and interpretation of the conflict situation. However, beliefs alone, independent of a conflict shock experience, are not able to activate a Biological Special Program, especially because "diseases" are not "dysfunctions" (Lipton) but are always *meaningful*.

A positive attitude, letting go of anger, feelings of trust and forgiveness can significantly reduce the intensity and duration of a conflict and therefore the "disease"-symptom(s). The New Medicine shifts or rather elevates "prevention" and "healing" to a level where the biology of human beings can be understood as intimately connected with spirituality and a chance for spiritual growth. GNM draws our attention to the meaning of the psyche as the "seat of the soul", the true master of our lives.

THE BIOLOGY OF HEALING

"The secret of medicine is to distract the patient, while Nature heals itself" - Voltaire

Beginning at the moment of the conflict resolution, the entire organism becomes mobilized to restore the affected organ to its original function. Tissue loss generated during the conflict-active phase is refilled and replenished; additional cells that are no longer needed are removed. The autonomic nervous system switches into a state of prolonged vagotonia, forcing the organism to rest, 'while Nature heals itself'.



Activated from the brain, microbes such as fungi and bacteria begin the work assigned to them. For example, staphylococcus bacteria facilitate the *reconstruction* of bone tissue lost during bone cancer. TB-Bacteria and fungi such as *Candida albicans,* on the other hand, are set to *decompose* tumors in the breast, kidney, colon, liver, pancreas, uterus, or prostate. The fact that tubercular bacteria and fungi *remove* tumors clearly shows that cancers are reversible! However, if a person does not carry the helpful microbes because of an overuse of antibiotics for example, the tumor simply stays in place and encapsulates. Thoughts or beliefs (positive or negative) cannot cause a tumor to do this.

During their activity, microbes require an acidic milieu, which is suitably provided through the vagotonic nervous system, dominant during *any* healing phase. The vagotonic nervous system regulates digestion and excretion, which is why acidity levels are naturally elevated during normal night time hours. The theory that a low pH level causes cancer or any other disease is invalid. The exact opposite is in fact the case. It is the low pH level which provides the ideal environment in which an organ heals. However, since the degree of the healing symptoms is always determined by the intensity of the conflict-active phase, an intense healing process can lower the pH level to a serious degree. In this instance, the situation must be addressed preferably with natural remedies, including an alkaline-based diet.

Yet it is important to consider that the discharge produced by fungi and TB-bacteria contains high amounts of protein eliminated through the stool, the urine, and other passageways. Eating foods rich in protein to replenish its loss is therefore also vital during healing. A balanced diet, ideally from organic sources, greatly supports the healing process that is already under way. However, foods *alone* cannot heal cancer. Given that the cancer is already healing naturally, the concept of "cancer fighting foods" is redundant; it is a contradiction in itself.

Healing involves many biological processes. White blood cells (lymphocytes, macrophages, etc.) and antibodies, all participate in healing. Consequently, the so-called "immune system", envisioned as a *defense* system against "disease"-causing agents (microbes, cancer cells, toxins), is in reality a *support* system created to aid a speedy

recovery! The word "anti"-bodies is meaningless, as there is essentially no "body" to "fight against".

Symptoms in the conflict-active phase are rare, because during the stress period the organ function is in fact *improved.* This is why, for example, cancers that develop during conflict activity are only detected during a routine check-up or a follow-up examination.

The vast majority of symptoms, including certain cancers, are *healing* symptoms and an indication that the related conflict has been resolved.

Typical healing symptoms are: **swelling** (because healing always occurs in a fluid environment), **pain** (caused by the swelling), **fever and inflammation** (due to the increased blood flow into the healing tissue), **discharge** (to expel the remnants and by-products of the healing process) potentially **mixed with blood** (during the reconstruction of tissue the capillaries break easily), night sweats (when TB-Bacteria are involved), **headaches** (due to the swelling of the brain edema in the organ-related brain area), and **fatigue** (as the autonomic nervous system is in a prolonged state of vagotonia).

Since "diseases" are either functional *improvements* of an organ (conflict-active phase) or *healing* symptoms (restitution phase) and therefore always *meaningful*, many of the established theories need to be re-evaluated. In light of the new medical paradigm, claims that environmental and dietary toxins, imbalanced pH-levels, pathogenic microbes, faulty genes, a weak immune system, root canals, negative thoughts and beliefs and the like *cause* diseases are no longer tenable as they are built on false premises.

Of course a poor diet, smoking, exposure to electromagnetic pollutants, dental amalgams, negative thoughts, a pessimistic outlook and other adverse factors deplete the organisms of energy. All influences that drain the body's vitality make recovery much more difficult and might even contribute to serious complications, specifically during the healing crisis. Owing to their high toxicity, most pharmaceutical drugs brutally interrupt the natural healing process, and even cause death, as we see in the extremely high number of chemo-treatment victims.

Conversely, a diet rich in organic nutrients, the clearing of geopathic stress zones, the practice of yoga and meditation, and so forth, can accelerate the recovery process immensely. It has long been recognized that positive thoughts, as well as very specific sounds and colors, raise the vibrational frequency of the body and contribute considerably to healing. This increase in energy explains "spontaneous remission". It accounts for the healing power of love and prayers and of sacred sites. It is the basis on which placebos (from the Latin placebo "I shall please") affect the patient.

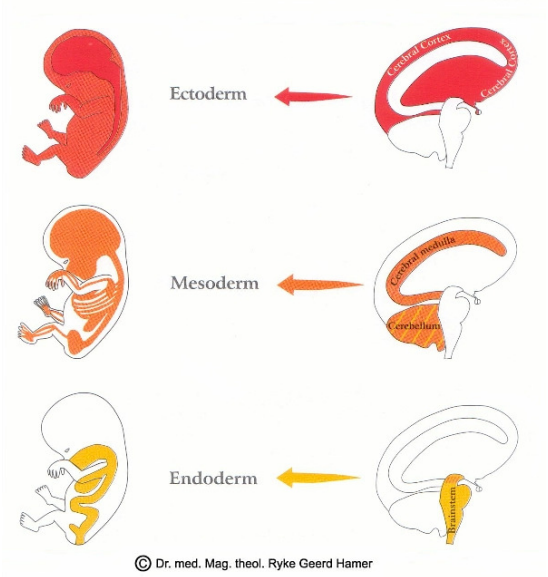
Last, but not least, the understanding of GNM and the Five Biological Laws has in itself a healing effect as it liberates the mind from fear and inspires trust in the creative wisdom of Mother Nature.

THE BIOLOGY OF GENES

"We are not separate from the rest of the living world;
we are part of it down to our bones and to our genes"

Neil Shubin

Dr. Hamer's findings are firmly anchored in the science of embryology. Taking into account the growth and development of the human organism, he discovered that the correlation between the psyche, the brain, and the corresponding organ - which he had already firmly established - was closely connected to the embryonic germ layers, from which all organs and tissues of the body derive. It was the brain-CT studies that tied everything together.



By comparing the location of the brain relays from where the Biological Special Programs are controlled with the embryonic development of the fetus, Dr. Hamer recognized that all organs that derive from the same germ layer are also controlled from the same part of the brain (see diagram).

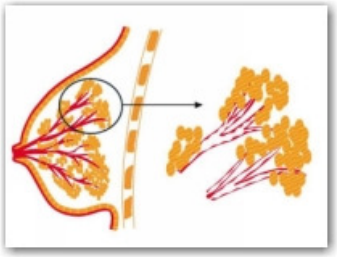
Because of the innate connection to the psyche, the cells of each germ layer basically "know" how to respond to a conflict in order to facilitate a resolution. Thus, endodermal lung alveoli cells, for example, start to proliferate at the very moment a "death fright conflict" occurs. The additional cells, that is, the "cancer cells", improve the capacity of the lungs in order to assist the individual during the life-threatening distress.

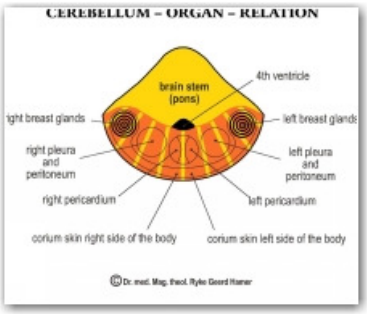
This is why cancers have existed since the beginning of human life.

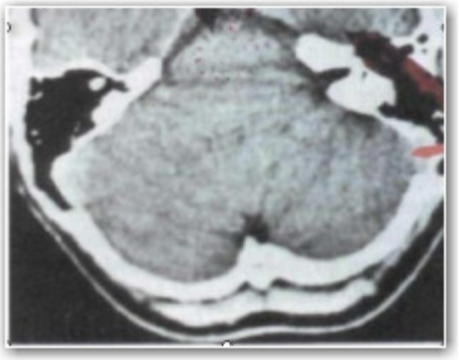
An example:

The biological conflict linked to the breast glands is a "nest worry conflict". The breast glands are of mesodermal origin and controlled from a very specific area in the cerebellum (see diagrams below). Just as endodermal lung alveoli cells are programmed to proliferate in the event of a death-fright, the mesodermal breast gland cells start to multiply as soon as a female suffers an unexpected "worry conflict" about the well-being of a "nest"-member. The purpose of the production of more breast gland cells is to allow the female to provide more milk, that is, nutrition, for the one who is in need. Even if a woman is not breastfeeding, this innate process is still activated, because in biological terms the female breast is synonymous with caring and nurturing. If the conflict lasts over a longer period of time, the cell proliferation creates a tumor or glandular breast cancer. However, the cancer is by no means a "malignant growth" but rather an age-old

meaningful biological process inherent in every woman. This process is entirely independent of environmental factors or beliefs; especially since this life-securing natural response is the same in female mammals.







On this brain CT, the small red arrow pointing to the *right* side of the cerebellum shows the brain relay from where the Biological Special Program of glandular breast cancer is controlled. Since there is a cross-over correlation from the brain to the organ, the location of the HH {1st Law/1st criterion/Brain Level} (Hamer Focus) indicates that the left breast is involved.

A woman doesn't get breast cancer without a reason, nor is it accidental whether the cancer involves her right or left breast. Whether the cancer is in the right or left breast is determined by a woman's biological handedness. If, for example, a *right-handed* woman suffers a "worry conflict" over her child, her *left* breast will be affected, as she biologically associates her child with the left side of the body. This is the side where she naturally holds her baby, leaving her dominant hand free to maneuver. In left-handed women the situation is reversed. Neither genetic nor non-genetic factors can change this biological principle.

Why diseases "run in families"

Since families share the same cultural and social conditioning, the same indoctrinations, the same beliefs, and so forth, they often experience the same type of conflicts, causing the same "diseases".

Family Dispute

"Georgia Russia War"

"anger conflicts"
"self-devaluation conflicts"
"separation conflicts"
"abandonment conflicts"

"death-fright conflicts"
"nest worry conflicts"
"attack conflicts"
"existence conflicts"

Orthodox medicine views Lou Gehrig's (ALS) and Huntington Disease (HD) as "genetic disorders" that are passed on through the generations.

According to Dr. Hamer's discoveries, the biological conflict linked to the **muscles** is "not being able to escape", "feeling tied down", or "**feeling stuck**", resulting in muscle paralysis during the conflict-active phase. The biological significance of the paralysis is a "fake-dead"-reflex, because in nature a predator often attacks a prey only when it tries to escape. The instinctive response is: "Since I can't escape, I play dead", causing paralysis until the danger is over.

However, it is the diagnosis and prognosis shock and the scary wheelchair image ("feeling stuck") that become the ongoing conflict, exacerbating the condition. Of course the fear instilled by the widely held belief that the "disease" could have a "genetic cause" only adds to the individual's vulnerability. A daughter or son of a parent with such a muscle "disorder" is naturally much more susceptible to experience a "stuck"-conflict. We must also keep in mind that *any* biological conflict shock can be experienced *with* or *for* another person, particularly when the distress concerns a close loved one.

Nonetheless, even if members of a family or generations of families experience the same type of conflicts, the conflict shock itself (the DHS) is still a highly personal event which in that instant involves *solely* the brain, or rather the brain-relay, of the person suffering the conflict at that particular time. This is why diseases cannot be passed on to future generations nor can they be genetically inherited from a family member or ancestor, either genetically or "epigenetically".

What are "cancer genes"?

According to the standard theory, cancer genes are "faulty" mutations of normal cells. As soon as we tune into the new medical paradigm, we realize that nothing in nature is "faulty" or "abnormal".

In the mid 1990s, Dr. Hamer wrote in his German publication *Vermächtnis einer Neuen Medizin* (*Legacy of a New Medicine*): "We already know that, for instance, adenoid breast-gland cancer cells, produced for one-time use only, are genetically different from the original autochthonous breast-gland cells. During the healing phase, after the conflict has been resolved, TB-Bacteria remove *exclusively* the cancer cells that are no longer required, but leave the original cells intact. The genetic difference is obviously the feature that allows the microbes to recognize which cells can be removed and which have to stay." Another attribute that allows microbes to recognize cancer cells is that tumor cells differ in size and in shape from the "normal" cells, which is why conventional medicine labels them, or rather interprets them, as "malignant".

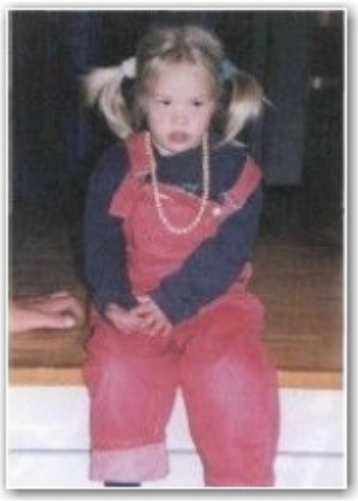
Dr. Hamer explains the genetic difference between cancer cells and "normal" cells with the fact that cancer cells have a specific, specialized, temporary function during *any* Biological Special Program. Hence, **genetic changes occur with *every* cancer and with *every* so-called disease!**

Genetic changes cannot take place without the involvement of the brain. Thus, the brain relay that controls the "disease"-process also controls the genetic alterations in the conflict-related organ cells (being the original "organ brain").

Dr. Hamer's research reveals that the Biological Special Programs of Nature are encoded in every cell and are thus inscribed in the genetic code. The *meaningful* nature of the emergency programs rebuts the theory that diseases, and cancer in particular, are caused by "defective genes". It proves the doctrine of the genetic origin of diseases to be wrong.

DOWN SYNDROME

In 1998, Anna, born with Down Syndrome,
overcame this "genetic disorder"
through the application of German New Medicine



Anna
at the age of four and a half

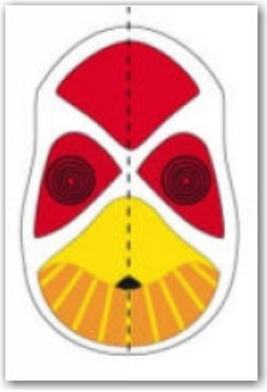
Anna
three months after the GNM Therapy

Prior to GNM-Therapy, Anna was considered broadly incapacitated, both physically as well as mentally. Doctors had diagnosed her to be as much as 60 percent physically defective. This included partial paralysis of her legs. At the age of four and a half, her mental development and verbal skills were at the one-year-old level. Anna's parents had embraced all officially recognized treatments for special-needs children, but these had failed to produce results.

In 1998, Anna's mother, a physician herself, contacted Dr. Hamer for advice.

Dr. Hamer: "It behooves a researcher to be modest. We must therefore guard ourselves against claiming that we could cure Down's, even more so as only the patients themselves, supported by their family, would be able to do that. What we can say, however, is that we recognize in all the symptoms of Down's natural Significant Biological Special Programs, which we know how to work with. That is to say, if we get the SBS into the healing phase, this would result in every single case in a normalization and thus in a healing of Down's." (*Vermächtnis einer Neuen Medizin*)

The first step was to analyze Anna's brain scan in order to identify what type of conflicts were involved. Among several others, the brain CT scan revealed two "hearing conflicts" ("I don't want to hear this!"), visible as HHs in the areas of the cerebral cortex, controlling the right and left inner ear.



The two hearing conflicts had put Anna into a "schizophrenic constellation". In GNM terms, a "schizophrenic constellation" refers to conflict-activity occurring in both the right and the left side of the cerebral cortex (see diagram).

Whether a conflict impacts on the right or left side of the cerebrum is determined by the person's biological handedness and whether the conflict is mother/child or partner-related. - There is also a cross-over correlation from the brain to the organ.

- Anna's first hearing conflict was caused by the constant noise of jack hammers in the building where her mother was working throughout her pregnancy. Since Anna is left-handed, her first mother-related conflict, impacted on the left brain hemisphere, involving her right ear.

- Her second hearing conflict was triggered by the screeching noise of circular saws from tree-cutting around the house. These noises persisted through the pregnancy and for some months beyond. In addition, Anna's father - a church-organ builder - often used a circular saw in his workshop adjoining the house. This *father-related hearing conflict* impacted on the hearing-relay on the *right* side of the brain, involving the *left* ear.

If the conflicts are intense, this hearing-constellation causes extreme noise sensitivity and almost unbearable "hearing pain", particularly when the individual is repetitively

exposed to the sound wave frequencies of the conflict-related noise. For example, when Anna heard any loud noises, she would clap her hands to her ears. She reacted even more intensely to the noise of circular saws.

In GNM we also know that, if a child is "in constellation" while still developing, the maturity of the child typically stops at the age when the second conflict impacts in the other brain hemisphere. However, the maturation is only put on hold. Once one of the two brain hemispheres is conflict free, so to speak, the child is able to catch up in its development very quickly. This was the case with Anna.

INTRA-UTERINE CONFLICTS

Based on his comprehensive research, Dr. Hamer has established that the symptoms of Down Syndrome result from biological conflict shocks suffered by the fetus in the course of the embryonic development, specifically during the first trimester of pregnancy.

In the human psyche, "hearing conflicts" correlate to age-old biological codes signalizing potential dangers or threats. During pregnancy a fetus can suffer biological conflicts just as much as any newborn, infant, child, or adult. Intra-uterine "hearing conflicts" can be caused by ear-piercing music, lawn mowers, noisy machines such as drilling tools held close to the belly, constant loud street noise particularly from trucks, motor cycles and car racing, or noise from saws or jack hammers, as in Anna's case. Yelling and screaming in the immediate environment can also provoke the conflict. In the womb, any such noises are perceived particularly loudly because the fluid in the amniotic sac is a much stronger sound conductor than air is.

Naturally, every child is different, which is why loud noises do not automatically cause "hearing conflicts" or any other conflicts per se in every unborn child. Some are more sensitive than others. If conflicts should occur however, it is the subjective experience that determines what symptoms manifest as a result of the particular shock. This explains why each child with Down Syndrome has its own set of symptoms.

Research into fetal development leaves little doubt that during gestation a fetus feels and behaves no differently from a newborn. This includes the response of the fetus to noise. Pregnant women often feel a jerk or sudden kick from the fetus following a sudden loud noise, like a door slam for example. Thus the sound the fetus hears in the uterus during **ultrasound procedures** might well be far more harmful than we think. Dr. Fatemi of the Mayo Foundation's Ultrasound Research Laboratory in Rochester, Minnesota, discovered that during ultrasound exams, the "fetuses are actually in an agitated state due to the loud noises they are hearing", and that "ultrasound vibrations sound like the high tones of a piano, at about the same volume as an approaching subway train" (Ultra Hearing Fetus ACF NEWSOURCE).

Since it is conventionally assumed that a woman's risk of having a child with Down Syndrome rises sharply after 35 years of age, older mothers tend to undergo more ultrasound exams than women who are younger. Repetitive ultrasound procedures might therefore be the real reason why women of this age group are more likely to give birth to a Down Syndrome child.

Together with hearing conflicts, a fetus can suffer one or several additional biological conflicts.

For example:

- **Motor conflicts**. The fetus can perceive loud noises, including the ultrasound noise, as a threat, experienced as "not being able to escape" and "feeling stuck", resulting in muscle atrophy and motor paralysis. Anna, for example, had a clumsy gait and often fell, because of the partial paralysis of both legs.

- **Separation conflicts**. Since in gestation, an unborn child is unable to differentiate between 'harmless' noises, such as chain saws or jack hammers, and noises which pose potential danger to himself or to his mother, the fetus can suffer an extreme fear of separation from the mother, particularly when the overwhelming noise drowns out the comforting sound of her heart beat. Separation conflicts involve either the periosteum (skin that covers the bones) causing sensory paralysis (numbness) at the location where the separation was experienced, or the epidermis, resulting in neurodermatitis and other skin disorders.

- **Existence conflicts** involving the kidney collecting tubules and the nerves that control the eye muscles. The latter cause the eye(s) to wander laterally. This is why Anna was born with strabismus extropia, her left eye tending to pull outwards.

- **Fright conflicts** affecting the bronchia or the larynx, including the speech centre that controls the ability to speak.

If the umbilical cord is wrapped around the neck, the baby can suffer a "**fear of suffocation**". This specific type of conflict involves the goblet cells of the bronchia. In embryology, goblet cells are considered residual intestinal cells. During growth and development of the respiratory system, the (endodermal) lung alveoli cells, created to process oxygen, form from the endodermal cells of the intestinal mucosa. The function of the goblet cells is to produce fluid in the bronchia, equivalent to the production of digestive juices in the intestines. Just as the intestinal cells proliferate with a biological conflict related to a "food morsel", the goblet islet cells immediately increase in number in response to the shock of not getting enough air. The biological purpose of the additional goblet cells is to increase the fluid production in the bronchia so that the "air morsel" can be more quickly "digested". During the healing phase, the goblet cells are broken down with the help of TB-Bacteria. However, if the healing process is continuously interrupted by relapses, this causes mucoviscidosis in the bronchia or so-called **cystic fibrosis**. The same can occur when the umbilical cord is cut too early, because the lungs of the newborn need a certain amount of time to get used to independent breathing.

A common conflict triggered during a difficult delivery or by the way the newborn is handled, is a **territorial anger conflict**, involving the bile ducts of the liver with **hepatitis** in the healing phase.

GNM IN PRACTICE

Dr. Hamer: "In German New Medicine, we have a very clear understanding of how to deal with biological conflicts. However, during my 40 years as a physician, I have seen hundreds of children with Down Syndrome. I am by no means suggesting that treating a child with Down's is an easy task. We also need to take into account that the therapy requires, first and foremost, the teamwork of the entire family, particularly of the mother. Also, we don't know yet which symptoms are reversible and which ones are not. But at least we know now where to start, even if there is still a great deal of work ahead - both for the family and the assisting therapist - in order to get such a little person back on the right course. On the one hand, this seems almost impossible. On the other hand, the well-founded hope that there is now a real therapy available and that Down's does no longer have to be considered "incurable", can empower the family immensely." (*Vermächtnis einer Neuen Medizin*)

In order to help Anna resolve her hearing conflicts, the parents made every effort to remove her from all loud noises in her immediate environment, particularly from the screeching noise of circular saws. This was indeed a big challenge for her father, whose very job as an organ-builder required the use of saws.

The parents were richly rewarded. Within a few months, Anna's physical and mental development improved tremendously. She grew a full 10 cm, her face lost more and more of the characteristic Down Syndrome features, she walked normally, she was able to speak complete sentences, and her fear of loud noises was gone. She started to go to kindergarten, where she was fully integrated as a 'normal' child.

Until then, such a remarkable recovery had been considered impossible. For Anna's parents it was a 100% validation of the accuracy of Dr. Hamer's discoveries.

Trisomy 21

As all children with Down Syndrome have a third chromosome attached to the 21st gene pair, medical researchers concluded that the additional chromosome 21 was the cause of Down's and responsible for its distinct symptoms. The most common type is the so-called "Free Trisomy 21" in which every cell in a person with Down's contains 47 chromosomes instead of 46. Anna was diagnosed with this chromosome type.

In the fall of 2009 the English translation of an article about Anna's story from the Swiss magazine Zeitenschrift was posted on this website. Shortly afterwards, we contacted Anna's mother to request an update on Anna's well-being, inquiring particularly whether any follow-up tests had revealed the status of the Trisomy 21. On October 19, 2009, we received, with much gratitude, a response.

Below is an excerpt from the letter. To protect the family, we will not disclose Anna's mother's name.

Dear Dr. Markolin,

I am very happy, indeed, to be able to tell you about our Anna and her most pleasing development.
Anna is now 15 years old and is attending regular high school, assisted by a tutor. She can read and write (albeit with mistakes), and is quite good on the computer and calculator. Her social integration in school is going beautifully. Anna is a dear, sweet, open and communicative girl, who is very deft in handling the daily tasks of her life. As far as her appearance is concerned, many people don't see at all that she has Down Syndrome.

This brings me to the matter of the genes. A check-up two years ago revealed, to the astonishment of everyone involved, that Anna still has the complete Free Trisomy 21.

This is revolutionary! The fact that Anna has improved so remarkably even though she still has the third 21st chromosome is a strong indication that the actual *symptoms* of Down Syndrome are *not* caused by the Trisomy 21 but by biological conflicts experienced before birth. It shows, above all, that the symptoms of Downs *are* reversible if the related conflicts are given a chance to heal.

Anna today, at the age of 15

Disclaimer
The information in this article does not replace professional medical advice.

Extracted from:
www.LearningGNM.com

GNM

SBS – SIGNIFICANT BIOLOGICAL SPECIAL PROGRAM OF NATURE

BONES

by Dr. med. Ryke Geerd Hamer

The term cancer refers to any *growth* or tumor characterized by abnormal and uncontrolled cell division. However, a lot of confusion was created when, as in the case of bone cancer, the word cancer was all of a sudden misguidedly applied to *holes* (in the bones), which is in fact the opposite of a tumor growth.

There are many theories about the causes of cancer. Based on my findings of the Five Biological Laws and the **Iron Rule of Cancer (1981)**, cancer always originates from a highly acute conflict shock (DHS) that catches an individual completely off guard. At the moment of the DHS, the **conflict shock** impacts in a predetermined area in the **brain** and instantly a "**S**ignificant **B**iological **S**pecial Program" (**SBS**) is activated to assist the organism in coping with the particular conflict situation (Fifth Biological Law). Depending on the type of conflict, the correlating Biological Special Program manifests itself on the **organ** level either as a cancer or a cancer-equivalent. Furthermore, each SBS has two phases, a conflict-active phase followed by a healing phase, provided the related conflict has been resolved (Second Biological Law).

The biological conflict linked to the bones is a **Self-Devaluation Conflict** (**SDC**), an unexpected breach of self-esteem, or loss of self-confidence. Such a self-devaluation conflict can be experienced in many different ways. It is exactly *how* the self-devaluation is perceived at the moment the conflict occurs, which determines which bones or which part of the skeletal system will be affected.

For example:

- Skull or cervical spine: intellectual SDC in relation to an intellectual task, e.g. at work, at school
- Shoulder: SDC in relation to mother/child or partner, e.g. "I failed as a mother / child / partner"
- Hands: dexterity SDC in relation to a manual task or manual performance
- Thoracic spine: a SDC that "hits" the person as a whole
- Hip: the SDC is experienced as "This is too much to carry", "I can't manage", "I can't make it"
- Legs, knee: SDC in relation to a physical performance, e.g. in sport

During the **conflict-active phase** we see a **loss of bone tissue ("holes in the bones")**, also called **bone osteolyses**, with a simultaneous depression of the production of white and red blood cells. In moderate cases of a SDC, the tissue loss does not involve the bones but the lymph node(s) nearest to the related bone.

In the **healing phase**, following the resolution of the Self-Devaluation Conflict, the exact opposite process takes place. In order to refill and re-calcify the holes and gapes in the bone, **callus and bone cells quickly proliferate**. This natural bone repair process is always accompanied with swelling. Because of the swelling, the periosteum (the skin that tightly covers the bone) stretches and lifts, resulting in an increased risk of bone fracture during that time. It should be mentioned that if the self-devaluation conflict(s) last over a long period of time, the bone loss can cause a spontaneous fracture even in the conflict-active phase.

The stretching of the periosteum can be very painful. The better a patient is prepared for these predictable “bone healing pains" (approx. 6-8 weeks; up to 3 months in severe cases, if there is no conflict relapse) the better he/she will be able to endure the temporary(!) discomfort. Usually, the pains become unbearable when the patient panics! It is important to understand that **pain** is a vital part of the healing process because it forces the individual to rest, which decreases the risk of fracturing the bone. If the spine is involved, it is strongly advised that the patient stay in bed in order not to put stress on the spine and possibly break a vertebra.

Parallel to the swelling on the body level, there is also a swelling in the corresponding brain area, precisely, in the cerebral medulla from where this particular “Significant Biological Special Program” (SBS) is controlled and directed. The swelling in the brain (so-called brain edema) is visible on a brain CT as deep dark. With the ongoing regeneration of the bone(s), the brain edema also recedes.

The healing and re-calcification process can be easily monitored with the help of bone X-rays. Histologists interpret the distinct white spots on a bone X-ray as “osteoblastic metastases”, although it is well known that osteoblasts, which are bone building cells, are vital in the healing of bones. To diagnose these holes in the bones as “osteoclastic (bone absorbing) metastasis” is even more absurd, because: How can “malignant cancer cells” possibly spread from holes in the bone, where cancer cells cannot even be found? How can a "benign” bone osteolysis (gaps in the bone) turn into a “malignant" osteosarcoma?

OSTEOSARCOMA

A so-called “osteosarcoma” often occurs when the periosteum is opened, for example, during a biopsy. Caused by the exploratory excision the liquid callus (produced in the bone during the healing phase in order to refill the bone tissue) finds its way into the surrounding tissue resulting in an “osteosarcoma”, which is in actual fact a solidified accumulation of callus.

With the understanding of German New Medicine exploratory excisions become entirely unnecessary. Our experience shows that brain CT scans provide much more reliable information about histological formations than any biopsy.

ACUTE JOINT RHEUMATISM - ARTHRITIS

Acute joint rheumatism, for example in the knee, indicates the healing phase of a “physical performance”-SDC (triggered, for example, by the distress of having failed in sport, of feeling “worthless” because of difficulties walking, etc.). The pain and swelling recede together with the completion of the repair process. However, the painful swelling, which is really only temporary, can cause a new self-devaluation conflict, particularly if the patient feels incapacitated, that is to say “useless”. In order not to get caught up in this vicious circle, it is of utmost importance to recognize that a *meaningful* healing process is running its course and that it is the “disability” which causes the “chronic” healing process. Changing the attitude towards the pain is an imperative step towards completing the healing process.

Polyarthritis often shows the following pattern: a person suffers, for example, a self-devaluation conflict in relation to the fingers or the hands brought about by the feeling or blame of having failed at a manual task. With the resolution of the conflict, the periosteum of the finger joints stretches, causing acute pain. Because of the painful swelling the patient feels even more inept, resulting in a new self-devaluation conflict during the period when the original “finger/hand”-SDC is already in healing. With the new conflict activity the swelling goes down – but not because the joint has completed the healing process but because of a reactivated bone tissue loss with osteolyses in the affected joint(s). In other words, the healing process has been reversed. When the painful swelling recedes, the patient feels once again competent using the hands, which puts him/her right into the healing phase with re-activated painful swelling of the finger joint(s). This process of going back and forth between conflict activity and healing can last for years. Eventually the finger joints deform as a result of constantly re-experiencing new self-devaluation conflicts.

These days, patients, who have previously been diagnosed with acute joint rheumatism, e.g. of the knee, often end up in oncology wards and are treated for osteosarcoma, resulting in an extremely high mortality rate.

The difference between bone fractures (without a DHS) and bone osteolyses caused by self-devaluation conflicts is that with fractures the callus formation takes place without much of an edema. In either case, after the completion of the healing process the bone is much stronger than before. This is exactly the biological purpose of this particular “Significant Biological Special Program” of Nature.

Once a patient receives the diagnosis of a “malignant” cancer, doctors are allowed to administer morphine even if the pain is minor. Nonchalantly, the dreadful side effects of morphine, such as addiction, suppression of breathing, or intestinal paralysis are simply ignored. Since the tolerability of pain is very subjective, patients usually experience the pain much more intensely when the effect of the morphine diminishes. This is why the morphine dosage has to be constantly increased. Morphine is always a one-way street – a slow death.

With German New Medicine we are able to identify exactly, in which phase of a “disease” the pain occurs and how long the pain might last. We can’t emphasize often enough that is of greatest importance for the patient to recognize that bone pains are a good sign indicating that a healing process is under way.

Cytostatic agents or “Chemotherapy” brutally interrupt the natural healing phase. With cerebrum-controlled cancers, e.g. ovarian cancer, testicular cancer, cervical cancer, lymphoma, bone cancer, etc., cytostatic drugs fake positive results by blocking the cell proliferation (natural tumor growth) as part of the healing and repair process. Well, Chemo really does reduce swellings – be it the swelling of a boil, of an abscess, or even the swelling caused by a bee sting; however, Chemo not only interrupts healing, it also prevents the microbes from doing their beneficial work during the healing process.

With the Ontogenetic System of Microbes (Fourth Biological Law) we learn to understand from an evolutionary point of view how perfectly the roles of microbes fit into Nature’s Biological Special Programs (SBS). Microbes developed, essentially, with and for us. They are an integral part of Nature’s regulatory system, which conventional medicine hasn’t yet recognized. Ignorantly, the emphasis has been to kill and eliminate them with antibiotics or sulfonamides.

Bacteria either decompose tumors that are cerebellum-controlled or they reconstruct cerebral-medulla controlled tissue, such as bone tissue. Surgeons have used this knowledge for more than 50 years insofar as they routinely open a complex fracture through perforation with surgical nails. By keeping the fracture open, bacteria can easily access the area and participate in the healing of the bone. In addition, bacteria not only facilitate the reconstruction of bone tissue, they also break down superfluous bone splinters.

A person can never die from the activity of microbes or a so-called “infection”, but certainly from a large brain edema that develops simultaneously during the healing phase (pcl-A), particularly if the conflict activity was intense and lasted very long.

ANEMIA - LEUKEMIA

One more aspect needs to be mentioned: a self-devaluation conflict involving the bones with bone tissue loss during the conflict-active phase also involves the bone marrow, resulting in a depression of the production of blood cells during the conflict active phase. An intense SDC that lasts over a long period of time can therefore cause acute **anemia** or so-called panmyelophtisis. During the vagotonic phase the blood vessels expand and the extra volume is filled with blood serum. The result: the blood cell count *appears* low (“**pseudo-anemia**”), but is in fact the same as during the conflict active phase.

However, with the beginning of the healing phase, the bone marrow immediately starts to produce new blood cells. First, it produces excessive amounts of “immature” leucocytes, so-called leucoblasts, which participate in the repair process of the bone! It is this particular stage of the healing phase of a bone related self-devaluation conflict that is commonly called **leukemia**.

Leukemia is kind of a proliferation of sarcoma-like blood cells with the difference that within a few days these blood cells are broken down in the liver and quickly excreted.

The distinction between acute and chronic leukemia can only be understood by taking into account the specific conflict situation. **Acute leukemia** is usually caused by an acute and highly dramatic self-devaluation conflict, while **chronic leukemia** results from constant relapses of self-devaluation conflicts of a lesser degree.

Leukemia is always preceded by bone cancer! It is the shattering diagnosis of “leukemia” that often throws the patient who is already in the healing phase into new conflict situations, resulting in new cancers, which are then erroneously interpreted as “metastasis”.

During the leukemic healing phase, a patient is like a tender plant that should not yet be exposed to the rough climate of a “self-worth competition”.

Bone cancer, anemia, leukemia, osteolysis, sarcoma, bone pains, lumbago, scoliosis, a herniated disk, joint rheumatism, plasmozytoma, arthosis, Morbus Bechterew (spondylitis), polyarthritis, etc., are all manifestations of different degrees of self-devaluation conflicts in one of the two phases of a bone-SBS (Significant Biological Special Program).

© Dr. med. Mag. theol. Ryke Geerd Hamer

Translated from the German original
by Caroline Markolin, Ph.D.

Extract from: www.LearningGNM.com

SBS – SIGNIFICANT BIOLOGICAL SPECIAL PROGRAM OF NATURE

BREAST

by Dr. med. Ryke Geerd Hamer

On an emotional level, a woman predominantly experiences the bond with her child (as well as that with her partner) in her breasts. This is why breast cancers are the most frequent diseases in women.

German New Medicine (GNM) recognizes two types of breast cancer:

1. Glandular breast cancer, clinically also called adenoid mammary carcinoma, noticeable as a solid compact lump.

2. Milk duct cancer, clinically known as *intra-ductal carcinoma*, which is not noticeable during the conflict active phase. The woman might feel only a slight pulling sensation in the affected breast area.

Additionally, the **exterior skin of the breast** can develop squamous epithelial skin carcinomas or neurodermatitis - which can occur elsewhere on the body as well.

In general, the conflicts linked to a **breast gland carcinoma** always relate to an argument conflict or worry conflict, while for **milk duct ulcerations** it is always a separation conflict.

The significance of right-handedness and left-handedness: anyone can establish the laterality for oneself. Clap your hands as you would when applauding in a theatre.

The hand that is on top is the prominent or leading hand, indicating the person's biological handedness. If the right hand strikes the left, then one is right-handed, and conversely, if the left hand strikes the right, one is left-handed. This test is very important for finding out from which brain hemisphere a person functions, because there are untold rehabilitated left-handed people who deem themselves right-handed. Simply put, the right hemisphere of both the cerebellum and the cerebrum predominantly control the left side of the body, and conversely, the left hemisphere of both the cerebellum and the cerebrum control the right side of the body.

In short: a right-handed woman associates her left breast with her child, her mother, and her nest (dwelling, house). Her right breast not only relates to her partner (spouse or friend), but also to partners such as her father, brother, sister, mother-in-law, boss, neighbor, etc. She can also consider small children or animals as her ‘children’.

If a right-handed woman develops **breast gland cancer** in the left breast, then she has either a worry conflict related to her child, her mother, or her nest, or she has an argument conflict with her child, her mother, or in association with her nest. With **milk duct ulceration**, on the other hand, she is conflict active with a separation from her child, her mother, or her nest.

With a left-handed woman it is the reverse: the right breast relates to her child, her mother, or the nest, and the left breast relates to her partner or other partners, as described above. Therefore, if she has a breast gland cancer in the right breast, she has a worry conflict concerning her child, her mother, or her nest. With milk duct ulceration in the right breast she is active with a separation conflict related to her child, her mother, or her nest.

Since the conflict content of both types of breast cancer is different, the control centers in the brain are also in different locations. The brain relay for breast gland cancer (mesoderm) is in the lateral area of the cerebellum, the control center for the milk duct ulcerations (ectoderm) is in the sensory cortex of the cerebrum. Both brain relays control the organ (breast) on the opposite side.

Breast gland cancer belongs to cancers that are controlled from the old brain, which, according to the “Ontogenetic System of SBS” (Third Biological Law) generate cell proliferation during the conflict active phase. In contrast, milk duct ulcers are directed from the cerebrum with ulceration (tissue degeneration) during the conflict active phase.

In the healing phase, everything proceeds the other way around: compact tumors that grew during the conflict active phase through cell proliferation are now broken down and decomposed (caseated) by microbes, e.g., fungi or mycobacteria, such as tubercular bacteria (if present). Cerebrum-directed tissue loss is restored through cell augmentation during the healing phase.

In standard medical practice, these correlations are not known, nor does anyone differentiate between a conflict active phase and a healing phase. One simply designates everything that causes cell proliferation or tissue changes as "malignant".

GLANDULAR BREAST CANCER

Example: A mother suffered a DHS, when she dropped her baby. The baby hit its head on the floor and was unconscious for a while. Since the woman experienced the shock as a mother-child worry conflict and was right-handed, an adenoid breast gland cancer developed in her left breast. This response is by no means meaningless. The purpose of the increase of additional breast gland tissue is to assist her baby by providing more breast milk than before. This way the mother’s organism tries to compensate for the inflicted harm.

The breast gland tumor continues to grow (with increased milk production) as long as the conflict persists. Thus, during sympathicotonia, i.e., in the conflict active phase, the nursing mother has in her “sick” breast more milk than before. The resolution only occurs when the child is well again. This is the moment when the breast gland cells stop multiplying.

We can see now that the changes that we previously called diseases are in fact exactly the opposite, namely very meaningful interactions with Nature's biological processes, e.g., between a mother and her child, or between a woman and her mate.

Another woman had a worry conflict in relation to her husband, which caused a cancer in her breast glands. Since she remained conflict active until after she gave birth to their child, she continued to produce abundant milk on the right partner breast long after the milk production of her left breast had ceased. At the end of nursing, the breast gland cancer underwent tubercular caseation with the usual night sweats, and finally decomposed.

The healing of the tumor is often painful. Typically the pain, which is caused by the scarring process, is experienced as a sharp, stabbing pain in the healing area. This type of pain is characteristic for all healing phases controlled from the cerebellum, including, for example, the healing of shingles. Shingles involves the corium skin, which is the skin layer underneath the epidermis. During the course of evolution, the breast glands developed from the corium skin. This is why the brain control center of the breast glands is located in the same part of the brain as the corium skin, namely in the cerebellum. When the healing phase of the breast cancer has been complete, an organ CT scan of the breast will show a cavern at the site of the previous tumor.

These processes also occur outside the actual nursing period and in non-nursing women, in general. If, for example, a woman experiences a mother/child worry conflict after the nursing has stopped, a breast gland tumor will nevertheless still grow, simulating the intent to offer more milk to her nursling, even if the baby is no longer an infant. This has prompted our modern medical doctors to regard such tumors as something totally senseless and diseased - as an error of nature - because they completely lost the understanding of its original purpose.

In the healing phase – provided, the conflict can be resolved - the tumor is decomposed by tubercular bacteria (if they are present). If no TB bacteria are available, the tumor encapsulates and stays, of course without caseation.

But how can anyone then die of breast cancer, you might ask.

Apart from long lasting conflicts, which in rare cases lead to death, one must say that iatrogenic, i.e., doctor-caused panic conflicts such as a fear of cancer panic (see “frontal fear conflicts”, a death panic, or a self-devaluation conflict that follow a breast cancer diagnosis often trigger new cancers (orthodox medicine calls this 'metastases'. Unfortunately, this is the rule these days - and one can very easily die from those fears. However, all this is totally unrelated to the original disease.

INTRA-DUCTAL BREAST CANCER

While there is cell proliferation in the conflict active phase of a breast gland cancer, we see ulceration or tissue loss in the milk duct lining during the ca-phase of a milk duct SBS. From a psychological point of view, we are always dealing with a separation conflict either from a child, the mother, or a partner. We have to look at this type of conflict in an entirely realistic and literal manner as if two individuals are glued together, and along with the separation a piece of the skin is pulled off. This is what we typically see in the clinical picture of neurodermatitis. However, these ulcerations are only one symptom, the other is a sensory paralysis of the milk ducts.

If the sensory paralysis reaches to the outer skin of the breast, the woman has no sensitivity at the nipple. This is usually not noticed, as opposed to breast gland carcinoma where, depending on the breast size and the location, a lump can already be felt after a few weeks.

An exception with milk duct cancer is the so-called cirrhotic lump which occurs if the conflict continues practically non-stop. In a mammogram, such a cirrhotic lump can sometimes take the shape of a compact nodule. Typical also are small calcium deposits (micro-calcification).

Once the separation conflict is resolved, a complication emerges that is biologically not planned because in the course of a natural healing process the baby would normally suck the breast dry. As no milk is being produced (in a non-nursing woman), the wound secretion has often no outlet and therefore becomes congested in the breast. As a result, the breast becomes hot, bright red, and swells up quickly. In this case, the breast becomes larger only at the beginning of the healing phase, while with breast gland cancer the process is the reverse.

A leaking breast is an encouraging sign and a good indication that the affected milk ducts are not completely congested as the secretion can empty outwardly through the nipple (sometimes the discharge literally drips off). Unpleasant as it may be, the sensitivity now returns, almost excessively (hypersensitivity or hyperesthesia). If the conflict has lasted for a long time, the woman may sometimes notice a sensation of internal shrinking of the breast.

One should operate a breast cancer only if it appears advisable. For instance, when a woman feels disfigured because of the lump, or when a DHS-related melanoma develops and/or if, for some reason, the epithelial layer bursts. This would result in an open, suppurating, fetid breast, which can be very problematic. The same also happens when the breast is opened through a cut, or through a puncture.

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Translated from the German original
by Caroline Markolin, Ph.D.

Extracted from: www.LearningGNM.com

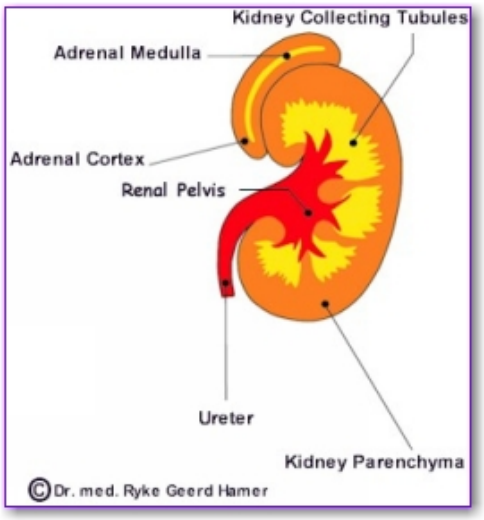
SBS – SIGNIFICANT BIOLOGICAL SPECIAL PROGRAM OF NATURE

KIDNEYS

by Dr. med. Ryke Geerd Hamer

THE KIDNEYS

The kidneys consist of three different types of tissue that developed during different times of evolution and are controlled from different areas in the brain.



THE KIDNEY COLLECTING TUBULES (KCT)

The kidney collecting tubules (KCT), the oldest tissue of the kidneys, are controlled from the oldest part of the brain, which is the brain stem. Since the kidney tubules developed from intestinal tissue, they have - like the intestines - sensory, secretory, resorptive, and motoric functions.

The prime function of the kidney collecting tubules is to collect the urine produced in the kidney parenchyma. From the kidney tubules the urine flows through the renal pelvis and the ureter to the bladder, from where it is eliminated through the urethra.

The **biological conflict** linked to the **Kidney Tubules** is an...

- **EXISTENCE conflict** (having lost everything, feeling "bombed out", my life or livelihood is at stake)
- **refugee conflict** (feeling like "in the desert" or a like "fish out of water")
- **profound abandonment conflict** (feeling isolated, excluded, or utterly alone)
- **hospitalization conflict** (a fear of being hospitalized, feeling isolated from the family)

The origin of the "existence conflict" goes back to the time when our evolutionary ancestors were still living in the ocean and the incident of being accidentally "thrown on shore" posed an acute life-threatening situation. In order to prevent the organism from drying out, the cells of the kidney tubules quickly proliferate with the **biological purpose** of closing the excretion filter so that water can be withheld to give the organism a chance to survive. The instant activation of this **water retention program** is vital, because without water all metabolic processes stop functioning!

We humans, as well as all animals living on land, are also born with this age-old biological survival program.

A man, for example, can suffer an “existence conflict”, if he is unexpectedly transferred by his company to a far away location. The unprepared-for “move” can be perceived as a “refugee conflict” or as a conflict of feeling ‘thrown into the desert’. The same can be experienced by his wife and his children who feel alone and isolated from friends they had to leave behind. As a result of the water retention *all* family members will gain weight.

Abandonment conflicts are typically experienced by older people who are pushed off into nursing homes, or by small children who are put into day-care. Cancer patients undergoing, for example, a chemo treatment or an operation are often stressed because of an existence conflict (“my life is at stake”) or other conflicts of an existential nature.

During the **conflict active phase** a compact **kidney tumor** forms between the kidney collecting tubules and the calyces (the cup-shaped urine collecting area) causing **water retention**. Depending on the intensity and duration of the conflict, the human body can retain 5 – 10 kg (= 10 liter) of water; if both kidneys are involved up to 20 kg = 20 liters.

Urine consists 95% of water and 5% of uric substances. Thus, when the organism (psyche, brain, and organ) is conflict active with an existence/abandonment conflict, not only water is retained, but also uric substances, such as creatinine. Just as the retention of water is biologically significant, so is the retention of creatinine. For our evolutionary ancestors the biological conflict of being “thrown on land” (thrown out of the familiar water environment) also meant - in addition to the danger of drying out – that there was a threat of starvation, particularly that of dying from *protein* deficiency.

For this emergency situation Nature created yet another biological back-up program. Normally, creatinine, an organic nitrogen-carbon compound and a waste product of the protein metabolism, is eliminated through the urine. However, **in the urgent event of an existence conflict, the organism is able to recycle retained uric substances into protein in order to prevent starvation!** Put another way: in times of need our organism is able to supply itself with water as well as with proteins in order to overcome a biological crisis.

Conventional medicine (the “Old Medicine”) assumes that **uremia** (the rise of uric substances) is caused by “kidney insufficiency” - an inability of the kidney to eliminate the waste products of the protein metabolism. It is further believed that an “insufficiency” of both kidneys could cause kidney failure, which - without dialysis - would lead to death. Based on the biological laws of the “New Medicine” it becomes evident, however, that uremia is not really a “disease” but rather an age-old SBS (Significant Biological Special Program) which has the purpose of storing water and uremic substances in case water and protein are not available for a longer period of time.

It should be noted that the kidneys *always* eliminate a minimum of 150-250ml of urine – even with “anuria” (“no” urine production), i.e. a kidney cannot really “fail”.

If a kidney tumor is surgically removed, the next existence conflict relapse (or new existence conflict) impacts the opposite KCT-brain relay. The impact instantly initiates the formation of a new kidney tumor in the other kidney, because the water retention survival program has absolute priority.

Orthodox medicine interprets the growth of a tumor in the other kidney as “metastasis”, imagining that the tumor cells are “swimming across” from one kidney to the other – accidentally, of course.

Oliguria, a decreased urine output, regarded by conventional medicine also as “kidney insufficiency”, is the result of at least two active kidney collecting tubule-SBSs involving *both* kidneys and consequently *both* KCT control centers in the brain stem (for the right and the left kidney). In German New Medicine, we call this a “Schizophrenic Constellation”.

Typically, patients with a **Kidney Collecting Tubule Constellation** are disoriented and literally and/or figuratively “lost”. This, however, is also biologically meaningful, because the disorientation allows the one that feels “like a fish out of water” to be picked up by the next wave and carried back into the familiar (water) environment.

During the **healing phase** the kidney tumor is removed with the help of tubercular bacteria, provided the patient was carrying the TB-bacteria at the time when the existence conflict took place. That is to say, that **kidney tuberculosis** is the natural decomposing process of a cancer in the kidney collecting tubules. In conventional medicine it is unknown that this type of cancer actually originates in the KCT (Kidney Collecting Tubules).

Until now we thought that all tumors needed to be surgically removed or poisoned with Chemo. But with tuberculosis Mother Nature created a surgical *modus operandi* that is much more effective than any procedure we could ever come up with.

We have to bear in mind here that every relapse of the existence/abandonment conflict interrupts the healing process, causing a chronic condition. As a result, the kidney tubules become smaller and smaller over time due to the ongoing tissue loss - a clinical picture known as “**Nephrotic Syndrome**”.

Typical symptoms of the tubercular healing phase are **night sweats** as well as **albuminuria**, a higher than normal output of protein through the urine. If, for some reason, the patient is unable to make up for the protein loss through a protein-rich diet or oral supplementation, the protein deficiency (hypoproteinemia) needs to be corrected through albumin infusions until the healing phase is complete. This rule applies to all old-brain controlled cancers, such as lung cancer, liver cancer, colon cancer, breast gland cancer, etc.

An informed patient handles the night sweats much better than one who is unprepared. The latter often panics, particularly when the sweating is excessive. Night sweats are always a positive sign that the TB-bacteria are in the process of removing a tumor that is no longer needed. At the end of the healing phase, both the night sweats and albuminuria stop. If TB-bacteria were not present, the tumor encapsulates and stays in place!

It is important to mention that the uric substance parameters go back to normal with the resolution (CL) of the existence/abandonment conflict. **In fact, the water that has been retained during the conflict-active phase starts being released as soon as the conflict is resolved. Depending on the degree of the water retention (which is proportional to the intensity of the conflict activity), this** “**urinary phase**” **can be excessive.**

THE KIDNEY COLLECTING TUBULE "SYNDROME"

What we call in German New Medicine the "Syndrome" is a combination of TWO Significant Biological Special Programs (SBS). The "Syndrome" involves:

1. a **Kidney-SBS**, i.e. existence conflict with water retention in the **conflict-active phase**
2. any other SBS that is in the **healing phase**

When the organism withholds water because of an active existence conflict, water is also abundantly stored in the edema around the organ or tissue that is in healing at the same time. The water retention increases the swelling as well as the size of such cancers as intra-ductal breast cancer, cervical cancer, ovarian cancer, testicular cancer, bronchial cancer, lymphoma, etc. Due to water retention, kidney cysts, ovarian cysts, testicular cysts, or cysts in the spleen can enlarge considerably and might even burst.

Thus, it is not only the duration and the intensity of the preceding conflict that determines the degree of the swelling of a healing organ, but also the "Syndrome" with water retention during the conflict-active phase.

The "Syndrome" is of utmost clinical significance, because there is

- no pleural effusion without the Syndrome
- no hepatomegaly without the Syndrome
- no ascitis without the Syndrome
- no gout without the Syndrome
- no large brain edema without the Syndrome

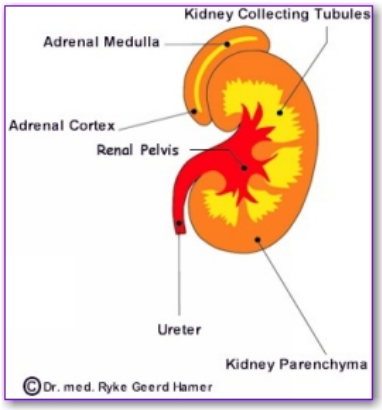
Normally, the secretion of serous fluid from the pleura (during the healing phase of a literal or figurative "attack against the chest") is naturally absorbed by the pleural membrane. However, with simultaneous water retention ("Syndrome"), the **pleural effusion** can cause a serious medical condition with severe breathing difficulties and a necessity of draining the fluid (however, puncturing the pleura can trigger a new "attack conflict"!). The same principle applies to an **ascitis** the accumulation of fluid in the abdominal cavity in the healing phase of an "attack against the abdomen".

With the "Syndrome" (water retention during the ca-phase), a small "territorial anger conflict" with hepatitis in the healing phase can all of a sudden turn into acute **hepatomegaly** (enlarged liver), which the patient might not be able to survive, particularly if there are continuous conflict relapses.

Gout is an inflammation of the joint with the typical painful gout nodes. With gout, the uric acid level is elevated, which is the reason for the belief that a vegetarian diet could alleviate the pain. According to German New Medicine, gout is the healing phase of a bone-Significant Biological Special Program (self-devaluation conflict) involving the "Syndrome.

A **brain edema** (which always occurs during pcl-A parallel to the healing on the correlating organ) also accumulates more water when water is retained. This can result in serious, and even fatal, medical complications, particularly during the epileptic/epileptoid crisis (heart attack, stroke, …

KIDNEY PARENCHYMA



The kidney parenchyma developed at a time when our evolutionary ancestors had already moved on land and water itself had become a potential danger, for example through floods. While the kidney collecting tubules (endodermal tissue controlled from the brain stem) relates to the biological conflict of water *deprivation*, the conflict linked to the kidney parenchyma (mesodermal tissue controlled from the midbrain, located in the low cerebrum) is a conflict that relates to an unexpected distressful event involving water- or fluid – in GNM referred to as a **water- or fluid conflict**.

As is the case with all organs that are controlled from the cerebrum, a tissue loss takes place during the **conflict-active phase**. A necrosis of the kidney always causes the blood pressure to rise. And this is why: after we had “moved on land”, so-to-speak, the excretion of urine was no longer regulated through the intestine, but was now connected to the blood circulation and the ability of the kidneys to filter blood and produce urine. In case of a loss of kidney tissue due to a water conflict, the circulatory blood pressure automatically went up in order to make sure that the kidney can continue its functions, in spite of necrosis. Hence, the **biological purpose** of the **hypertension** is to compensate for the tissue loss (holes) in the kidney to ensure that sufficient urine and uric substances are eliminated. Naturally, the blood pressure remains elevated as long as the water conflict is active. The more intense the water conflict, the higher the blood pressure.

Based on my research, the vast majority of cases of hypertension correlate to the kidney parenchyma and a water- and fluid conflict. A water conflict can be caused by a scary near-drowning experience, but also through unexpected ‘flooding’ of the house caused by a broken pipe or a leaky roof, and similar situations. Usually, within a short period of time the ‘problem’ becomes irrelevant and the conflict resolves itself.

Conditions termed “unstable hypertension” or “chronic hypertension” are not really of a different nature, but rather indicate that a water conflict is either constantly active (“chronic”) or has been resolved now and again (“unstable”).

A **cirrhotic kidney** is the result of conflict activity that lasts over a long period of time.

Healing phase: with the resolution of the water conflict, a cyst filled with fluid forms at the site of the necrosis. Inside the cyst, the kidney cells quickly proliferate, in order to replenish the tissue loss that took place in the conflict-active phase. During the period when the **kidney cyst** develops, the cyst attaches itself temporarily (!) to neighboring tissue for blood supply. Discovered at this stage, conventional medicine misinterprets the “growth” as a malignant “**invasive kidney tumor**”, which is then treated with the usual pseudo-therapy instead of waiting calmly until the cyst has hardened (indurated). Because, *within nine months*, provided there is no conflict relapse, the fluid filled cyst becomes hard and partakes in all of the kidney’s functions, including the production of urine.

That is precisely the **biological purpose** of this particular SBS-Significant Biological Special Program. The additional kidney tissue provided by the cyst (which has now its own blood supply) puts the individual in a better position in the event of another water- or fluid conflict (see also biological significance of ovarian cyst and testicular cysts. In conventional medicine such a biologically meaningful kidney cyst is called a malignant "**nephroblastoma**" (kidney cancer) or "**Wilm's Tumor**".

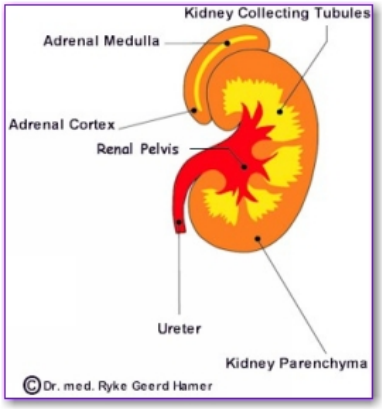
At the end of the healing phase, the blood pressure also returns back to normal.

Occasionally, a liquid cyst can burst if the edematous pressure is too strong. This can be caused, for example, by a simultaneous active existence conflict with water retention ("Syndrome), often triggered by the kidney tumor diagnosis itself!

In general, the size of the cyst is proportional to the intensity and duration of the water conflict. Should a kidney cyst become so large that is it mechanically bothersome, one can always have the cyst surgically removed – but only after it has been completely hard, and without taking out the whole kidney!

Another healing symptom that can occur during the repair phase of the kidney parenchyma is "**glomerulonephritis**", an inflammation of the glomeruli or small blood vessels in the kidneys.

ADRENAL CORTEX



As far as the adrenal cortex (controlled from the cerebral medulla) is concerned, it is the conflict of "**having gone into the wrong direction**" or "**being off course**" that causes an adrenal cortex **necrosis** during the **conflict-active phase**. Because of the loss of adrenal cortex tissue, less cortisol is being produced, which serves the biological purpose of halting the individual on the wrong path. Here we find "**Addisons Disease**".

During the **healing phase**, a fluid filled **adrenal cyst** forms at the site of the necrosis. Inside the cyst, the adrenal cells quickly multiply in order to refill the tissue loss that occurred in the conflict-active phase. Essentially, the same process takes place as it does with the kidney parenchyma. In conventional medicine, the cyst is considered a malignant "**adrenal cancer**" at this stage. The fact is that, at the end of the healing process, the "tumor" will have become a hard cyst and an integral part of the adrenal cortex. A *large* cyst results in an overproduction of cortisol, a condition referred to as "**Cushing's Syndrome**".

RENAL PELVIS

During a later time of evolution the renal pelvis was lined with a squamous epithelial cell layer. Since the lining of the renal pelvis consists, evolutionarily speaking, of the "*youngest* tissue" (ectoderm), it is controlled from the *youngest* part of the brain, which is the cerebral cortex. Accordingly, the related biological conflict is also of an advanced nature.

The conflict linked to the **renal pelvis** (as well as to the **bladder, urethra, and ureter**) is a **territorial marking conflict** caused by an unexpected invasion or intrusion of our domain, and an inability to establish inner (female) or outer (male) boundaries.

During the **conflict-active phase**, the lining of the kidney pelvis ulcerates. The **biological purpose** of the tissue loss is to widen the renal pelvis (urethra/ureter) to be better able to "mark the territory". Beginning with the **healing phase**, the ulcerated area is replenished with new cells. Typically, the renal pelvis heals with inflammation. During the healing phase of the territorial marking conflict, we also find bladder infections.

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Translated from the German original
by Caroline Markolin, Ph.D.

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SBS – SIGNIFICANT BIOLOGICAL SPECIAL PROGRAM OF NATURE

COLON

by Dr. med. Ryke Geerd Hamer

Cancers of the intestine belong, as far as their germ layer relation is concerned, to the endoderm or inner germ layer. The corresponding control center is in the **brainstem,** which is why the tumors (adeno-cell type) grow during the conflict active phase*.*

Cancers of the Colon, Rectum, and Sigmoid (endoderm)

Brainstem-controlled adeno-carcinomas develop in the alimentary canal when we cannot ingest, swallow, digest, or eliminate a 'MORSEL'. In evolutionary terms these are age-old biological conflicts equally applicable to man and animals. Animals still experience such conflicts in real terms, whereas we humans often suffer them in a transposed, 'cultured', or even in a paranoid manner. We may perceive money, shares, or a business as a morsel and suffer a biological conflict when we lose it. In a natural context, bank notes would be considered as completely worthless.

For animals a morsel that cannot be swallowed or digested is a real piece of food. For example, an animal can have an indigestible morsel conflict when a piece of bone was swallowed a little too voraciously and is stuck in the intestine, causing a colic. Together with the colic a Significant Biological Special Program (SBS) is instantly activated with an intestinal cancer (cauliflower-like compact growing tumor) that is growing towards the mouth ("upstream", as we would call it with a river).

The tumor continues to grow as long as the conflict is active. Simultaneously, **mycobacteria** (tubercular bacteria) proliferate at the same rate in the blood, provided that the individual has at least one single bacterium of this type available – *in Nature, the presence of TB bacteria is taken for granted.* During the *conflictive active phase,* there are only as many bacteria produced as are later needed for decomposition of the tumor, during the *healing phase*.

The biological purpose of the tumor is to ensure that enough digestive juices are produced to make the morsel smaller, so it can pass through (like an ice cube put into warm water). As soon as the morsel has passed, the conflictolysis (CL= conflict resolution) sets in. The tumor, that no longer has any purpose, is now broken down (caseated) through tuberculosis - with the help of mycobacteria and fungi - and eventually disappears. The special biological program is herewith completed.

One could ask, what is "malignant" about all this? The answer is: nothing at all! Because *everything* Mother Nature does is benign. It is only we humans, who have been "malignantly ignorant".

We have always imagined microbes to be like a huge hostile Armada that must be combated by the immune system. That was incorrect because microbes were never our enemies, but have unfailingly been our friends and helpers, whom, in our stupidity, we have almost exterminated.

Of course, for us humans, such an indigestible morsel is no longer a food morsel but might be a car, a house, an inheritance, a failed business, a lost court case, a work place, or something like that. But we nonetheless react in the same biological archaic manner as if it were a *food* morsel that causes our "indigestible conflict".

In the case of **colon cancer** this biological conflict is either an

- ugly, indigestible anger (colon) or
- ugly, insidious, dirty “shit conflict” (rectum) or
- ugly, mean “shit conflict” (sigmoid colon)

The patient therefore has to learn to translate the conflict into a biological language. In order to comprehend such age-old biological conflicts one has to understand them in evolutionary terms in conjunction with the organ manifestation.

Palate Carcinoma

For example, a man thinks he has won the lottery and he has already invited all his friends and relatives, when it turns out that the lottery ticket was invalid. That is to say, the person has *already* “*snatched* the lottery prize-morsel”, but at the end he has to yield it up. A dog would certainly not in the least be interested in a lottery prize - he would sniff the bills and think "that's worthless". But for a human being, who could buy all sorts of things with it, this is a valuable ‘morsel’ and the person, who has suffered this “can’t catch the morsel”-conflict, would develop a palate carcinoma (whereas the dog would only get such a tumor as a result of a *real* food morsel that was taken away from him).

Another example would be that a patient suffers an indigestible conflict because he has just “swallowed a morsel” but cannot “digest” it. For instance, he just bought a house but suddenly discovers that the contract of purchase is invalid, that he has been cheated, and that he has now lost the house.

A patient must therefore learn to identify the DHS - its exact point in time, and, of course, the corresponding conflict content. Then he shall see – joyfully amazed - that there is a clear system in place. He need no longer panic, because not only can he now understand the underlying cause of the symptoms but also the entire course of events.

It is sheer insanity and medieval dogmatism to think that migrating cancer cells, on their never-yet-observed migration through the blood, could mutate into another cell type. As an example, a colon cancer cell (endoderm and brainstem-controlled that had formed a cauliflower-like tumor in the colon is imagined to suddenly travel into the bones (mesodermal and cerebral medulla-controlled) causing bone loss. Such a supposition is nothing but a hypothetical fairy tale.

What physicians call “**metastases**” are in fact *new* cancers, emanating from new conflict shocks - primarily from iatrogenic (doctor-caused) diagnosis and prognosis shocks. **No researcher has ever been able to find a cancer cell in the arterial blood of a cancer patient**. If true, that's exactly where they would normally be found - swimming in the peripheral blood stream of the body.

Peritoneal Carcinoma (mesoderm)

The moment a patient is told that he has an intestinal cancer that needs to be operated on, he usually suffers two new conflicts:

1. an attack against the abdomen that is about to be cut into (such a biological conflict causes a **peritoneal mesothelioma**)

2. invariably a liver carcinoma, always right dorsal.

The latter expresses the biological fear that, because of the tumor, food can no longer pass through the intestines, i.e. the patient suffers the archaic fear of literally starving to death. This image can also trigger the panic of getting an ileus (mechanical intestinal obstruction).

If some time passes between the diagnosis and the actual operation, then the surgeon usually finds rod-like "metastases" on the peritoneum; if he also did an MRI of the liver either before or after the operation, he will also find the aforementioned solitary liver nodules, dorsally right. Unfortunately, there are many examples that such a patient is then pronounced as an “incurable and hopeless case”.

Whereas formerly, the **metastasis** theory was the standard medical doctrine, we can now systematically, logically and biologically reconstruct the processes. We realize that the patient got the new cancers as a result of iatrogenically-triggered conflicts suffered through an unexpected diagnosis and the announcement of the need for an operation. Out of ignorance of the real causes, surgeons often extirpate the liver nodules and remove as much as possible of the "peritoneal metastases". After the operation, the patient fancies that he is now "free from his affliction" and, as a sign of conflict resolution of his abdominal attack conflict, develops now an **ascites** (effusion in the abdominal cavity) as a sign of healing. These days, surgeons and oncologists interpret this as the beginning of the end, however, because neither one of them has an understanding of the biological causal relations. From this point on the patient finds himself in a vicious circle as everything that “happens” in regard to his colon will trigger a relapse of the liver carcinoma.

The fact that a second or third carcinoma is present is not contested here – only the interpretation of it is, because it is patently incorrect.

And, now we have arrived at the question of the original biological meaning of such tumors.

These cancers (or tumors) are not at all pointless. Indeed, they have a very special purpose. When the ‘morsel’ is already ‘stuck’ in the intestinal canal – that is to say, the morsel has already been swallowed but could not be digested because of being too large - a growth (or tumor) is forming. Such a tumor consists of "disposable" intestinal cells (to be used only once), whose purpose it is to produce a lot of digestive juices in order to render the ‘morsel’ digestible so that it can pass better.

Based on the knowledge of German New Medicine, we need to reflect on what we must do in cases where an intestinal obstruction threatens to block the colon. In that case a preventive operation should most certainly be performed. We need do nothing else, given that at the moment of the conflict resolution the Significant Biological Special Program (SBS) switches naturally into the healing phase.

During the healing phase, mycobacteria are activated to caseate the tumor (provided that the patient had some available at the moment of the DHS because afterwards they will be of no use whatsoever). The decomposition process is often accompanied with occasional bleeding. After three or four months, there will be only scar tissue where once there was a tumor. This makes Nature the best surgeon in the world. If the patient doesn't carry any mycobacteria, however, then one might indeed consider the surgical removal of the tumor. This only makes sense, when the related conflict has definitely been resolved.

Cancer of the Small Intestines

Cancers of the small intestine – both in the upper small intestine (jejunum) and the lower small intestine (ileum) - are controlled from the brainstem. The conflict is either an "inability to digest a morsel" or it is an "indigestible anger" conflict, with the additional aspect of starvation. The healing phase of ileum cancer, during which mucous membrane and blood are expelled with the stool, is also known as **Crohn's Disease** or Morbus Crohn.

Colitis Ulcerosa

If one is suffering from **colitis ulcerosa** one is already in the healing phase of an extensively growing intestinal carcinoma of the resorptive type. ("Colitis ulcerosa" is actually an incorrect term for recurring tubercular healing periods of frequently recurring conflicts). The conflict always relates to an "ugly" issue that cannot be absorbed or assimilated, reflecting the function of the intestine to absorb nutrients into the blood and lymph circulation.

Any time a patient re-experiences a conflict relapse, it is thought by doctors to be a 'remission', and the subsequent healing phase is called a 'disease', namely colitis ulcerosa. The clinical symptoms of this healing phase are: diarrhea, mucosal skin particles and blood in the stool, night sweats - but good appetite. The therapy is: an understanding of the original conflict, so that relapses can be avoided.

Rectal Abscess

A special case is that of a **rectal *abscess*** where we see a compact tumor growing under the overlying rectal squamous epithelium mucus membrane. This is palpable but not visible. When the tumor underneath the rectal mucosa is removed through caseation, then we are dealing with a sub-mucosal abscess. A number of such abscesses are routinely considered as "hemorrhoids" and designated as para-anal abscesses.

Rectal Cancer (ectoderm)

The rectal cancer that belongs to the outer germ layer (**cerebrum**) forms ulcers rather than tumors during the conflict active phase. During that time, the ulcers never bleed, nor do they cause spasms or pain. *After* the conflict resolution, the ulcers are replenished under swelling. Typically, they will now form thick hemorrhoids accompanied by bleeding, hyperesthesia (extreme sensitivity), and pain. With the “Syndrome” (water retention) these symptoms are particularly severe. The pain is caused by the muscle spasm!

While with *brainstem* conflicts the **handedness** of the patient is insignificant, it is of the utmost importance when dealing with cerebral and cerebellar conflicts. Just as important is here the actual hormone status, i.e., menopause, birth control pill, etc.

We can determine with a simple clapping test, whether someone is right-handed or left-handed: The right-hander will have the right hand on top when applauding; with left-hander it is the reverse. Furthermore, with left-handers the conflict is transferred to the opposite brain hemisphere (i.e. instead of a rectal ulcer, we find a stomach ulcer or bile duct ulcer).

Many cancers are only detected when they are already in the healing phase because it is during that period that they cause the most discomfort. This includes intestinal cancers that are most often found when they start to bleed. Again, doctors consider these healing symptoms as cancer symptoms.

Until now, we have not had any real understanding of what causes cancer because we were neither aware of the underlying causal relation, nor, most importantly, of the *evolutionary origin* of our biological conflict programs. That is why, in our ignorance, we have always maintained, that cancer is a ‘malignant, wild, haphazard, and uncontrolled process.

This is completely wrong! According to the “Quintessence” of the **Fifth Biological Natural Law,** such occurrences of cancer are and always have been **Significant Biological Special Programs** (SBS) **of Nature**.

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SBS – SIGNIFICANT BIOLOGICAL SPECIAL PROGRAM OF NATURE

LEUKEMIA

by Dr. med. Ryke Geerd Hamer

In German New Medicine, leukemia is not considered a “disease” but rather the healing phase of a **self-devaluation conflict**, involving the bone marrow, where blood cells, such as erythrocytes (red blood cells) and leucocytes (white blood cells), are produced.

Unquestionably, bone marrow can be damaged by toxic contamination, e.g. nuclear radiation (as we have seen in Tschernobyl, in 1986). After the radioactive exposure, the bone marrow produces large amounts of “immature” red and white blood cells, so-called erythroblasts or leucoblasts, which, as we know now, play a vital role in the reconstruction of bone tissue, including bone marrow. In conventional medicine, this process is called a “leukemic reaction”.

Standard medicine labels these leucoblasts as malignant cells, even though they do not have the ability to divide and multiply like cancer cells. On the contrary, after a few days they are broken down in the liver and quickly excreted. Since “immature” erythroblasts are larger in size than “normal” erythrocytes, it was even assumed that they could clog the blood vessels. This is an unfounded claim as the lumen of the blood vessels expands three to four time during the vagotonic leukemic healing phase. Hence, there is no risk at all that the blood vessels might get clogged. Besides that, no pathologist has ever observed blood vessels clogged by erythroblasts.

The argument that there are not enough normal leucocystes in the blood stream during the leukemic phase, is also incorrect, because regardless of how many “immature” leucoblasts one finds, the patient always has 5-10,000 "normal" leucocytes, which is more than enough, considering that the blood is diluted during the healing phase.

During healing of the bone marrow after radioactive exposure, the white blood cell count basically regulates itself (depending on the extent of the bone marrow damage, the number of leucoblasts can increase to over a million).

This kind of leukemic healing process is no different from the repair phase of the bone marrow caused by a biological self-devaluation conflict (SDC). During the **conflict active phase** we see a loss of bone tissue, including loss of bone marrow in the related skeletal area. Absurdly, the bone tissue loss or osteolyses is interpreted by pathologists as a bone cancer.

Self-devaluation conflicts are probably the most frequent biological conflicts in humans and animals alike. If the conflict activity is intense and lasts over a long period of time, the individual can die as a result of anemia caused by the loss of bone tissue and bone marrow, where red blood cells are produced.

With the resolution of the self-devaluation conflict the **leukemic healing phase** brings about a significant increase of leucoblasts, which are “immature” leucocytes that assist the bone repair process. We also have to consider that – parallel and proportional to the swelling of the healing bone – there is also swelling in the related brain area. A large brain edema can cause serious complications, including the danger of a brain coma, if not met by appropriate medical attention.

Typical symptoms of leukemia are fatigue and fever. Also, during the first part of the healing phase, there is a drop of erythrocytes and leukocytes – but only in terms of numbers because of the enlargement of the blood vessels (characteristic for the vagotonic phase) and the dilution of blood with blood serum. At the same time, the patient often suffers much pain due to the stretching of the periosteum (skin that covers the bone) at the location where the previous conflict-active bone osteolyses (holes and gaps) are now recalcifying. But both fatigue and pain serve a biological purpose, which is to rest. Because of the stretching of the periosteum, which normally covers the bone tightly, the bone can easily break during this period. Resting significantly lowers the risk of bone fracture.

In children, the bone osteolyses (bone tissue loss during the conflict active phase) is usually generalized because children often suffer a generalized self-devaluation conflict, if, for example, a child suffers emotional distress, like: “Mommy does not love me any more; all she does is fuss over my little brother".

Standard medicine is neither interested in a patient’s brain nor in his/her psyche. To quote pediatrician Prof. Niehammer: “On no account can children, and particularly nurslings, suffer any conflicts!”

Medical doctors are madly driven to artificially decrease the number of leucocytes – a process that occurs naturally while the bone is healing! It goes without saying that during this time the psyche also heals - and so does the area of the brain (cerebral medulla) from where this particular “Significant Special Biological Program” is directed and controlled.

Types of leukemia are:

Acute leukemia indicates a first-time leukemic healing process

Chronic leukemia implies that the healing phase is continuously interrupted by short self-devaluation conflict relapses, resulting in a “chronic” leukemic healing phase

Monocyte leukemia: high count of “immature” monoblasts

Myeloic leukemia: high count of “immature” myeloblasts

Lymphatic leukemia: high count of “immature” lymphoblast

Monocytic, meloic, and lymphatic leukemia can occur simultaneously during the leukemic phase; they can also alternate between one relapse and the next.

Lymphoblastic leukemia is a type of leukemia in which lymphoblasts are found both in the peripheral blood as well as in the bone marrow. They are called “lympho” because it is assumed that they are produced in the lymph nodes.

In the past, leukemia in the elderly and lymphatic leukemia in very small children were considered as entirely harmless; they were not regarded as genuine types of leukemia. No pediatrician would have carried out a puncture of the bone marrow, because a check-up after three months and another one three months later usually showed that the leukemia was gone.

Fact is that every case of lumbago (pain in the lower back) is accompanied by a small leukemia!

When we become aware of all this, we realize that no one, and particularly no child, needs to die any longer from leukemia. In fact, in German New Medicine we speak of the "**good fortune of leukemia**" - founded on the understanding that leukemia is a positive sign that the related self-devaluation conflict has been resolved and that the symptoms are always biologically meaningful.

The administration of Chemo or morphine at this stage is sheer insanity. It contradicts entirely the natural biological healing that is taking place. The foolishness of conventional treatments lie in the fact that both Chemo and radiation damage the bone marrow just as it is in the process of recuperation! Often the treatment damage is so severe that the bone marrow has no chance at all to ever recover. The culmination of this madness is the so-called “bone marrow transplant”: first the patient’s bone marrow is completely destroyed through Chemo ”therapy” and radiation; then the bone marrow of a donor (occasionally also the patient’s own bone marrow from a remission phase) is injected into the blood stream with the hope that the cells will sprout in the previous – now destroyed – bone marrow like mushrooms.

So far, no researcher has ever been able to spot or follow the migration of donated bone marrow cells to the patient’s bone marrow, where they supposedly prosper. The exact opposite is the case: the donor cells are quickly broken down and no longer detectable. Only those patients manage to survive whose bone marrow has not been completely destroyed during the previous Chemo and radiation treatment. This is the only chance allowing for the bone marrow to regenerate.

Now we understand why no doctor would ever carry out such a ‘treatment’ on himself or on his relatives.

Dr. Winkler, Leukemia Centre Münster, Germany: “After four weeks of chemo regimen, cancer cells are no longer detectable under the microscope. Nonetheless, we must continue another five months of terror.” (*Spiegel*, 1991/47, p.336).

Help to stop this madness!

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Translated from the German original
by Caroline Markolin, Ph.D.

Extract from: www.LearningGNM.com

SBS – SIGNIFICANT BIOLOGICAL SPECIAL PROGRAM OF NATURE

LUNGS

by Dr. med. Ryke Geerd Hamer

LUNG CANCER and “LUNG CANCER” are not the same

The **Third Biological Law** of German New Medicine, the “Ontogenetic System of SBSs", organizes all so-called diseases according to germ layer affiliations, i.e., in relation to the inner germ layer, the middle germ layer, and the outer germ layer, which all develop right from the beginning of the embryonic development.

Each cell, that is to say every organ of the body, can be assigned to a specific germ layer and, in accordance with the evolutionary development, each of these germ layers correlates to certain brain areas as well as to certain histological formations. In addition, as far as cell proliferation and cell loss are concerned, cerebral cortex directed organs and old brain controlled organs respond during the conflict active phase and during the healing phase exactly in a reverse manner.

Cells and organs that develop from the **inner** germ layer have their control relays in the brainstem. In the case of cancer, they always generate cell augmentation with compact adeno-cell type tumors. Cells and organs which develop from the **outer** germ layer, on the other hand, are controlled from the cerebral cortex and always cause cell decrease in form of ulcers or functional changes, as seen in diabetes and paralysis.

With regard to the **middle** germ layer, we distinguish an older and a younger group. Cells and organs that belong to the **older** group have their control relay in the cerebellum, that is to say, they still belong to the old brain and produce, in the case of cancer, adeno-cell type tumors during the conflict active phase. The cells and organs which belong to the **younger** group have their control center in the cerebral medulla and cause tissue loss in the form of necroses.

This clearly shows that cancer is not a senseless event of madly proliferating cells but a comprehensible and even foreseeable process that abides very precisely by ontogenetic laws.

Bronchial Carcinoma

The intra-bronchial squamous epithelial ca or **bronchial carcinoma** belongs to the outer germ layer and is controlled from the cerebrum. Thus, during the conflict active phase there is no cell proliferation (tumor growth) in the bronchial mucosa but rather the opposite, namely an ulceration, i.e., a bronchial carcinoma is in fact an ulcerous lesion.

During the healing phase the bronchus can occlude due to the swelling of the mucosa. This occlusion, called atelectasis, is often merely a temporary lack of aeration which together with pruritus (itching) provokes intense coughing. It is tragic that in most cases it is only in the repair phase that the bronchial carcinoma is discovered. If these patients were to find their way to German New Medicine before they are given a negative diagnosis and prognosis, 95% of these patients would survive, because they are already in the healing phase.

Starting with the cerebellum, right- and left-handedness becomes relevant in order to establish which side of the patient's brain is predominant. For all control centers of the cerebellum and cerebrum there is a cross-over correlation from the brain to the organ.

The conflict that is linked to the bronchia is always one of fear in the territory. The territorial fear can be experienced in two ways: as a motor conflict or as a sensory conflict. The sensory territorial fear manifests itself during the healing phase as pneumonia and in the epileptoid crisis as a pneumonic lysis. "Asthma" involves the bronchial musculature which responds to a motor, i.e. not being able to move or maneuver, territorial fear conflict.

A territorial fear can only be experienced by men or by post-menopausal women. However, a left-handed young woman can also develop a bronchial carcinoma, but only as a result of a female scare-fright conflict. The bronchial carcinoma would in this case be accompanied with a depression. Here too, the exceptions would be the constellations and hormonal changes (e.g., birth control pill).

According to the Fourth Biological Natural Law of German New Medicine, “The Ontogenetic System of Microbes”, during the healing phase old brain directed organs decompose their tumors with the help of specialized microbes, while any holes or ulcerations of cerebrum directed organs are refilled with the help of certain bacteria and viruses (if they exist!!!)

Pulmonary Lung Cancer (adeno carcinoma)

An alveolar adeno carcinoma, also called pulmonary lung cancer, pertains to the inner germ layer, is directed by the brainstem and always relates to a death fright conflict. The tumor grows during the conflict active phase, is decomposed in the healing phase by mycobacteria such as tubercular bacteria (provided they are present), becomes caseated and is coughed out. All that is left are caverns (holes).

Previously we thought that microbes cause so-called infectious diseases. This seemed to be a reasonable assumption as these microbes are always present in infectious diseases. However, this wasn’t quite right, because every infectious disease is preceded by a conflict active phase and only when the related conflict is resolved are those micro-organisms allowed to become active. In fact, they are activated and directed from the brain. Microbes assist the healing process by breaking down tumors, which have become superfluous, or they reconstruct and refill gaps, necroses, and tissue ulceration, which are controlled from the cerebrum. Microbes are our loyal helpers. The notion of an immune system as an army that fights the evil microbes is patently wrong.

If the tubercular bacteria are absent during healing, the lung nodules remain. There are many patients who have a number of pulmonary lung nodules of varying sizes as a carry-over condition originating from a death fright e.g., that concerned a relative who has met with an accident (or a pet). Such pulmonary nodules are often accidentally discovered during a routine examination - often years later, while the patients are no longer ill. If they had tubercular bacteria present at the time, they would now have lung caverns and nobody would speak of a lung tumor.

Healing pulmonary nodules also used to be diagnosed as **lung tuberculosis**. Now they are more and more diagnosed as lung cancer. This way, tuberculosis diminished (as a disease) and cancer increased. Strange, that nobody noticed this.

When a patient receives a “cancer" diagnosis, this is often experienced as a devastating shock that instantly triggers further panic conflicts and new conflict shocks causing new cancers, which standard medicine then calls “metastases”. Thus, “metastasis” is first and foremost caused by iatrogenic (doctor-caused) diagnosis- and prognosis shocks.

The “metastasis fairytale” is a conglomeration of all kinds of suppositions and unproven hypotheses. No researcher has ever been able to find a cancer cell in the arterial blood of a cancer patient. If true, that's where you would normally find them - swimming in the peripheral blood stream of the body. It is absolute insanity and medieval dogmatism to think that migrating cancer cells, on their never-observed meanderings through the blood, could mutate into another cell type. As an example, a colon cancer cell (endoderm and brainstem controlled) that had formed a cauliflower-like tumor in the colon is imagined to suddenly travel into the bones (mesodermal and cerebral medulla controlled) causing bone loss.

“The Ontogenetic System of SBSs” (Third Biological Law) has by now definitely refuted that, for instance, a cell that was controlled by the old brain and had created compact tumors, could all of a sudden leave its allocated brain control relay, associate itself to the cerebrum and fabricate cell decrease.

Pleural Carcinoma

All too often, patients experience a "breast cancer" or "lung cancer" diagnosis as an attack (conflict) against the thorax area and as a result develop an additional pleural cancer or **pleural carcinoma**. This type of carcinoma belongs biologically to the old mesoderm of the cerebellum and therefore generates a tumor of the adenoid cell type during the conflict active phase. With the cell proliferation the organism tries - and this is the biological purpose - to protect itself against such attacks by forming a flat mesothelioma (pleural carcinoma), which essentially reinforces the pleura.

Such a pleural mesothelioma is usually only noticed after the conflict has been resolved. That is the case because all cerebellum directed tumors produce fluids during the healing phase. In the case of the pleura, this is called a **pleural effusion** - in the peritoneum we call it ascites, and in the pericardium a pericardial effusion. However, this holds true only with the “Syndrome” - otherwise, we call it pleuritis, peritonitis, or pericarditis.

Small-cell Bronchial Carcinoma

With orthodox medicine, the patient is now jumping from the fire into the proverbial frying pan. The diagnosis of "pleural carcinoma" (interpreted as "metastasis") most likely triggers a new shock, for example, a cancer fright conflict or frontal fear conflict, which causes ulceration in the pharyngeal ducts. This too is usually noticed only in the healing phase when the squamous epithelial mucosa in the ulcerated area swells up, and serous fluid-containing cysts are formed. Conventional medicine erroneously calls this a **centro-cystic-centro-blastic Non-Hodgkin's "lymphoma"**. After several relapses, the cysts indurate. In the mediastinum they can reach to the diaphragm. Even here, the diagnosis is given exclusively in the healing phase when the patient feels discomfort. Tragically, the diagnosis now becomes a "**small-cell bronchial carcinoma**".

Surely, it is not difficult to realize why, after only a few weeks or months, most patients die as a result of the panic and ensuing conflicts. One can easily assume that about 80% of secondary and tertiary cancers are the result of iatrogenically induced diagnosis shocks together with an obsolete pseudo-therapy.

"Does smoking cause Lung Cancer?"

In a large-scale study that lasted over several years, thousands of hamsters were constantly exposed to cigarette smoke while control animals were not. The researchers discovered that not a single animal manifested a bronchial carcinoma or a lung cancer. They had simply missed the fact that hamsters live underground and have absolutely no fear of smoke. That's why they have no code in their brains, no warning light against smoke.

With house mice it is exactly the reverse. They suffer an acute death fright with the least amount of smoke and run away. In fact, in medieval times, when one saw a swarm of mice run out of a house, one knew that there was a fire somewhere. Some of these mice can indeed develop a lung cancer, triggered by the death fright.

These examples should suffice to illustrate that today's animal testing is nothing but cruelty, ignoring that animals have a soul. Therefore, I allow myself the following prediction: one day, all animal experimentation will be exposed as a disgrace for our whole society and will be seen as a testimony to our unspeakable lack of knowledge and sensitivity. There is also absolutely no proof that carcinogenic substances act directly upon an organ, bypassing the brain.

Standard medicine has assembled many correct facts. German New Medicine® doesn't deny most of these facts. However, we do contest their interpretation.

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by Caroline Markolin, Ph.D.

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SBS – SIGNIFICANT BIOLOGICAL SPECIAL PROGRAM OF NATURE

OVARIES

by Dr. med. Ryke Geerd Hamer

German New Medicine is a natural science that applies to humans, animals, plants -- in fact to all living organisms.

Based on the discovery of the “Five Biological Laws”, with German New Medicine we learn to understand that “diseases” - in the sense we are used to thinking about them - do not exist. Symptoms, which we hitherto believed to be “diseases” (e.g. cancer), are in reality part of *two-phased* **Significant Biological Special Programs (SBS) of Nature**. That is to say, any alleged "illness" represents only *one* of the two phases – *either the conflict-active* phase or the *healing* phase. Since – until now - we didn’t recognize the true nature of “diseases”, we were unable to treat their real cause.

The cause of every “disease” (not just cancer) is always a biological conflict - a highly acute conflict shock, called a DHS. The conflict-active phase (ca-phase) begins at the very moment of the DHS. At this instant, the vegetative nervous system switches from a normal day/night rhythm to a prolonged stress phase (sympathicotonia). The patient thinks continually about the conflict, cannot sleep at night, has no appetite, and loses weight. At the same time, very specific changes start to develop on the correlating organ. In addition, the unexpected shock leaves a very distinct imprint in the brain (a so-called Hamerscher Herd – HH) that is clearly visible on a computer tomogram of the brain (CT scan). A brain scan shows precisely what kind of biological conflict the patient has experienced, which organ is affected, and whether a cell augmentation or a cell reduction is presently running its course.

It should be emphasized that a SBS-Significant Biological Special Program always runs synchronously on all three levels – on the level of the psyche, the brain, and the organ.

Regarding the ovaries and ovarian cancer, we have to distinguish between an **ovarian teratoma** (compact tumor) and an **interstitial ovarian necrosis** (tissue loss). Each type relates to a different germ layer.

We know from the science of embryology that during the embryonic development three embryonic germ layers (endoderm, mesoderm, ectoderm) develop progressively along with the embryo. All our organs derive from these germ layers, and each cell can therefore be assigned to one of them. In turn each germ layer correlates to

- a very specific area of the brain (brain stem, cerebellum, cerebral medulla, cerebral cortex)
- a very specific location in that particular brain area
- a very specific type of biological conflict
- a very specific tissue type (histology)
- a specific type of germ layer related microbes.

Moreover, every so-called disease has a biological significance that can be understood in the context of our evolution.

Ovarian Teratoma (germ cell teratoma)

An ovarian teratoma is controlled from the cranial part of the midbrain (exception!) that is still part of the brain stem. In evolutionary terms, the ovarian teratoma constitutes the original form of reproduction. Stimulated by the related biological “loss conflict” (loss of an offspring), the organism instinctively reverts to this age-old program of propagation.

All organs that are controlled from the brain stem respond to the correlating conflict with the development of a compact tumor of the adeno cell type.

With **ovarian cancer**, the nature of the conflict is always the experience of a **profound loss** – of a child or a beloved person, but also of an animal or pet.

For example: The mother of a female patient suddenly dies in a hospital. The patient now severely blames herself for not having visited her mother for quite some time.

Mourning the loss a loved one *without* a DHS is, of course, a very natural process. However, if the conflict was a DHS, it is not only the event itself (e.g. the loss) that is decisive, but also the conflict theme(s) that is (are) *associated* with the particular event. In other words, the conflict doesn’t necessarily have to be perceived as “loss conflict”. The conflict might, for instance, be experienced as a “territorial conflict”; if the sense of “loss” is associated with a “nest worry conflict”, a glandular breast cancer will develop instead rather than an ovarian cancer. The conflict may also be experienced as a “separation conflict” and - depending whether the conflict is related to mother, child, or partner - an intraductal breast cancer will then develop (either in the right or left breast) during the healing phase after the conflict has been resolved. Thus, it is the *feeling* experienced at the moment of the DHS that will determine where exactly the biological conflict will impact in the brain.

Following a loss-conflict, an “ur-embryo” starts to grow in the form of a teratoma during the **conflict-active phase** (in accordance with the old-brain pattern). In our times, however, this earliest form of propagation has no longer any pertinence. The "growth" is therefore - with the help of mycobacteria - broken down during the healing phase. Along with the development of the teratoma, fungi and mycobacteria multiply already during the ca-phase, but only as many as there are later needed for decomposing the tumor.

The biological purpose of the ovarian teratoma refers to the age-old form of reproduction following the death of a relative (“nest-member”).

As soon as the female succeeds in resolving her biological conflict, she will enter the second, or **healing phase** of the "Special Biological Program". With the conflict resolution, the tumor stops growing. This process takes place rather slowly, since all embryonic tissue is still undergoing an inherent “development spurt”. At the same time, germ layer related fungi and mycobacteria, which had already started to proliferate at the moment of the DHS and multiplied parallel to the tumor growth, are activated. They begin to remove the now superfluous tumor through a process called caseation. That part of the tumor which is not decomposed by the end of the healing phase remains. It is quite safe to be left there without being extirpated, provided it doesn’t cause any discomfort.

Since laterality is insignificant in the brain stem, there is no cross-over correlation from the brain to the organ. In other words: the teratoma and its brain control center appear on the same side. This differs from the cerebellum and the cerebrum (see diagram). Simply put, the right half of the cerebellum and of the cerebrum control the left side of the body and, vice versa, the left half of the cerebellum and of the cerebrum control the right side of the body.

Right- and left-handedness starts in the brain; to be more precise, it starts in the cerebellum. From the cerebellum onward, laterality always has to be taken into account. The correlation between the brain and the organ is always unequivocal, however.

Left- and right-handedness is only significant in respect to the correlation between psyche and brain, or brain and psyche. Because, it is the *handedness* that determines not only the conflict-brain pathway (depending on whether the conflict is experienced in relation to mother, child, or partner), but also the type of “disease” that will occur as a result of the conflict shock.

The best way of determining the handedness is the clapping test: if the right hand is on top, one is right-handed and, conversely, when the left hand is on top, one is left-handed.

Ovarian Necrosis – Ovarian Cancer – Ovarian Cysts

Regarding an **ovarian interstitial necrosis**, the HH (Hamerscher Herd) is located in the occipital-basal cerebral medulla, in close proximity to the midbrain. The interstitial ovarian necrosis relates to the new brain mesoderm and - like all organs that are controlled from the cerebral medulla causes – it causes tissue loss in form of a necrosis during the conflict active phase (ca-phase). The conflict linked to this Special Biological Program is a "**profound loss conflict"**.

The necrosis is usually not noticed during the ca-phase, unless through a routine check-up. The loss of ovarian tissue reduces the production of estrogen which typically results in amenorrhea (absence of menstruation).

As with all other mesodermal cerebrum-directed organs, the tissue loss is replenished with new cells during the healing phase. The ovarian necrosis is filled with interstitial mesodermal tissue, forming different-sized **ovarian cysts**. Because of the proliferation of ovarian cells in the initially fluid cyst, the cysts are erroneously called **ovarian "cancer", and even "fast-growing ovarian cancer"**.

At the beginning of the healing phase, the cyst attaches itself to neighboring organs for blood supply - a process that is wrongly interpreted as an “invasive growth". Within 9 months the cyst develops a genuine blood system (with arteries and veins) and eventually becomes entirely self-supporting.

As soon as the cyst's own blood supply is assured, however, the adhesions detach. The cyst forms a one-centimeter-thick capsule that can easily be surgically removed, should it become mechanically bothersome. The hardened ovarian cyst will from then on produce so much estrogen, that a woman may look 10-20 years younger than her age. And that is exactly the biological purpose: a younger-looking female with increased estrogen production is in a better position of attracting a male. That, in turn, increases her chances of finding a new mate and becoming pregnant, in order to make up for the loss of the “nest-member”. The outcome of this Special Biological Program is therefore something for which we ought to congratulate the patient.

In men, the same process takes place with an interstitial testicular necrosis. *The hardened testicular cyst (as a result of the completed healing* process) increases the testosterone production, which makes a male appear as more masculine and thus more attractive to a female.

The same principle applies to a hardened kidney cyst that is able to produce urine and can consequently enhance the urine-producing function of the kidney. This demonstrates that the biological purpose of all organs controlled from the cerebral medulla lies *always* at the end of the *healing* phase.

Developing at the same rate and rhythm as a pregnancy, ovarian and testicular cysts take nine months until they are fully indurated (hardened) and able to participate in the function of the respective organ. A hardened kidney cyst is basically a “Wilms Tumor” (type of kidney cancer) that has become a so-called “nephroblastoma” (kidney cyst).

A cyst should therefore never be operated on before the completion of the nine-month cycle.

In conventional medicine, premature surgery is often performed, however, and all “infiltrated” organs are removed – since, as we have shown above, the cysts attach themselves to abdominal organs in need for blood supply. All that is left, after such an operation, is an empty abdominal torso. Just consider all the potential subsequent conflicts on the part of these poor patients!

If the patient were to hold out for those nine months, the smaller cysts of 12cm or less would probably not even have to be removed, since the cysts fulfill either the function of hormone production (ovarian and testicular cysts) or urine production (kidney cysts).

Only in extreme cases, when cysts (of 6-8 kg volume) present severe mechanical problems, is an operation recommended - but only after nine months. Technically, such an operation then becomes just a small intervention, because all adhesions would have detached themselves, and the cysts would have been encapsulated with a tough, hard shell.

Until now, this biological process has erroneously been interpreted as a “malignant infiltrating tumor growth". But this fallacy becomes evident when, during the surgery "infiltrated" tumor particles leak out of a half-hardened cyst into the abdominal cavity; there, new “tumors” will now continue to grow for nine months - often resulting in *another* operation. These surgically-induced new tumors (that

eventually become cysts) are now considered "malignant" metastases. That is evidently a wrong conclusion, since these presumed "metastases" do produce estrogen - just as the host-cyst does.

As we can now see, the conventional prognosis methods are on the whole wrong.

It is not the “spreading” of cancer cells that leads to “metastases” but rather the spreading of panic that causes new conflict shocks for the patient – inevitably resulting in more cancers. Secondary cancers are very rare in animals, and the majority survives them. In conventional medicine, the small percentage of patients who reach the ‘five-year survival rate’ are simply those patients who found a way out of their state of panic, or have managed to resolve their conflicts.

Whereas biologically meaningful *old-brain controlled* ovarian tumors are naturally *removed* during the healing phase (provided that mycobacteria were present at the time of the DHS), *cerebral-medulla controlled* ovarian cysts (that harden within nine month and produce estrogen) are formed during the repair process of the ovarian necrosis (ca-phase). In the latter case, the biological meaning lies at the end of the healing phase.

As far as old-brain controlled tumors are concerned, we do indeed need surgeons to remove the tumors, but only because we have eradicated tuberculosis - which is Nature’s original way of removing of old-brain controlled cancers the normal way (4th Biological Law).

Since our understanding of what we commonly call “diseases” has changed, we recognize the importance of a new nomenclature. All that is left of a “disease” is its symptoms - nothing else!

Based on our new knowledge, we now must re-classify and re-evaluate the symptoms. If we take a look at the 2nd Biological Law of the two phases of all “diseases” (now called “Significant Biological Special Programs of Nature”), we realize that there are many more “diseases” than Biological Special Programs. The reason for that is that we have, until now, viewed the symptoms of each phase as separate diseases.

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Translated by Caroline Markolin, Ph.D.

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SBS – SIGNIFICANT BIOLOGICAL SPECIAL PROGRAM OF NATURE

TESTICLES

by Dr. med. Ryke Geerd Hamer

The discovery of the New Medicine (German New Medicine®) began with the death of my son Dirk.

On August 18, 1978, Dirk was shot by Crown prince of Italy, near the Adriatic Island of Cavallo, close to Korsica. Three and a half months later, on December 7, 1978, he succumbed to his injuries at the University Clinic in Heidelberg. Dirk died in my arms - and he died under devastating circumstances.

Today I know that with this distressing experience I had suffered a biological ”**loss-conflict**“. Within six months, this conflict-shock resulted in the development of a testicular cancer.

Against the advice of the professors in Tübingen (Germany), I insisted on having the testicle operated on. The biopsy revealed a testicular teratoma and an interstitial necrosis.

Since I had never been seriously ill, I reasoned that the cancer **must** somehow be related to the loss of my son. After I recovered, I decided to follow my hunch. Since I happened to be Head Internist at a cancer clinic at the time, the opportunity to do the research essentially presented itself.

In honor of my son, I have since called an emotionally distressful experience a DHS or Dirk Hamer Syndrome. Over the years, the DHS has become the focal point of German New Medicine.

A DHS is a conflict shock that ‘catches us on the wrong foot’, so-to-speak. The exact conflict content determines the localization of the Hamer Focus (HH-Hamerscher Herd) in the brain as well as the cancer growth or necrosis on the organ that is controlled from that particular brain area. From the very moment of the DHS, the patient is in a phase of constant stress or prolonged sympathicotonia. During this period, he/she typically has cold hands and feet, little appetite, loses weight, has difficulty sleeping, and thinks just about day and night about the conflict. This only changes when the conflict has been resolved.

A DHS is *always* conflict-related. The death of a much-loved person, for example, can trigger a conflict when the loss is accompanied by, let us say, self-blame.

With regard to my own ”loss conflict“, I severely blamed myself for not having transferred my son from the University Clinic in Heidelberg, when there was still time to do so. As I know now, it was only through countless talks with my caring wife - an experienced physician herself – that I was able to resolve my conflict.

At the time I underwent surgery of my testicular cancer. Today, with the knowledge of the Iron Rule of Cancer, I certainly would never do so.

With the Iron Rule of Cancer everything in medicine and biology falls into place. I had discovered the First Biological Law in the summer of 1981. Initially it seemed only to be valid for gynecological tumors. Very soon, however, I found that it was applicable to *each and every* type of cancer as well as to all so-called ”cancer-equivalents“, i.e. diseases that are similar to cancer. Eventually, I was to arrive at the conclusion that the Iron Rule of Cancer had to be true for *all* diseases and, therefore, for the *entire* field of medicine.

Finding the Biological Special Programs of Nature was indeed a revelation. Only life itself can write such a drama. Without the death of my son and my own subsequent cancer, the true nature of diseases would probably not have been discovered for many decades to come, because conventional medicine is moving away from the secret.

German New Medicine involves the correlation between the psyche, the brain and the correlating organs. At the same time, it offers an embryological-ontogenetic explanation for understanding why each brain control center is located in the exact area of the brain where it is found. Every biological concept or conflict-theme corresponds to a very specific brain relay. At the very moment of the DHS, the conflict marks the area in the brain where the shock has ‘struck’. This impact – visible on a brain scan as a target-ring configuration – is called a Hamer Focus or HH (Hamerscher Herd). It is the *very nature* of the conflict and what the individual *associated* with the conflict situation that determines the precise location of the impact.

GNM also explains the relationship between the different germ layers as they correspond to the histology both of tumors and of normal tissues. Thus, in every cancer we find the histological tissue which belongs there embryologically. That is to say, every tissue that derives from the inner germ layer (endoderm) is adeno tissue and therefore forms in the case of cancer an adeno-carcinoma, while all tissues that derive from the outer germ layer (ectoderm) typically create a squamous epithelial carcinoma (healing cancer), because the original tissue also consists of squamous epithelium.Tissues that derive from the middle germ layer (mesoderm) show during the conflict active phase tissue loss as it occurs with osteolysis, connective tissue necrosis, suppression of blood production, and so on. During the healing phase, excessive scar tissue is often formed, for example, in bone or connective tissue - erroneously called a "sarcoma" by conventional medicine, even though it is essentially completely harmless.

In German New Medicine, we distinguish between **two types of testicular cancer**: a) a testicular teratoma (endoderm) and b) an interstitial testicular necrosis (mesoderm). Each type relates to a different germ layer.

Testicular Teratoma (germ cell teratoma)

A testicular teratoma is controlled from the cranial part of the midbrain (exception!). It is a compact tumor that grows during the conflict active phase (ca-phase). As the conflict progresses, so does the Hamer Focus (HH), involving a progressively larger area in the brain. *At the same time*, the tumor is also advancing and becomes larger through continuous cell proliferation.

A testicular teratoma always relates to a ”**profound loss conflict**“, as experienced through the death of a loved one, for example, of a son or a best friend, but also of an animal or pet.

The significance of a teratoma relates to the age-old ability of parthenogenesis (reproduction without fertilization), which is stimulated by the biological emergency situation of losing a close relative (a ”pack-member“) to facilitate faster reproduction.

During the healing phase, the cancer stops growing (albeit slowly) and is decomposed by tubercular bacteria – a process called caseation.

Testicular Cancer - Testicular Cysts

The interstitial testicular cancer has its brain control center in the cerebral medulla and also relates to a profound loss conflict - for example, a loss concerning a person who is dying or is departing from us.

During the conflict active phase, we see the exact opposite of a teratoma, namely necrosis - a loss of testicular tissue. Aside from a slight pulling sensation in the affected testicle, there is nothing noticeable to be seen on the outside, however.

With the resolution of the conflict a testicular cyst (”tumor“) begins to form through the proliferation of interstitial, hormone-producing testicular cells. In this case, the biological purpose is in the healing phase, because an indurated (hardened) **testicular cyst** produces significantly more male sexual hormones (testosterone) than normal. It does this in order to increases the male’s libido and virility, which in turn increases the chance of compensating for the loss of the child (offspring) or the partner (mate).

Such a testicular cyst differs from a ”**hydrocele**“ (accumulation of fluid in scrotal pouch) that involves the peritoneum - either the abdominal peritoneum (in the case of an ascites with an open inguinal canal) or the peritoneum that covers the testes themselves. The conflict relates to an ”attack against the testicles“. Since the testes were originally located at the height of the lumbar spine (they descended into the scrotum later during evolution), enlarged lymph nodes are frequently found in the area of L1 or L2. They are wrongly believed to be the result of ‘metastasizing’ cells that have traveled there from the testicles. The enlarged lymph nodes relate to a ”self-devaluation conflict“ that a patient with testicular cancer often suffers by feeling "devalued“ regarding his testes, which affects the lymph nodes in the area of the L1 and L2 lumbar vertebrae.

The mere announcement of an operation on the testicles can trigger an ”attack conflict“, resulting in a peritoneal mesothelioma. This happened in my case. I nearly died of a purulent tubercular peritonitis (the healing phase of an attack against the abdomen).

Combinations of testicle-SBSs (Significant Biological Special Programs) are also possible. For example: a teratoma alongside a testicular necrosis, or, two loss conflicts at the same time, e.g. losing the wife and a child, resulting in necrosis in each testicle. In the latter case, the patient is in a ”cerebral medulla constellation“ with a paranoid sexual superiority complex or sexual megalomania (but with reduced virility).

Frequent visits by a man to a brothel are often the instinctive urge to comply with Nature's Biological Laws and it's Special Programs - which in this case are aimed at re-establishing the lost pack (the claim that going to a brothel for these reasons is not "sinful" sounds certainly challenging for Christian moralists.)

It is not difficult to relate to the distress of losing a loved one. In many instances, however, this or similar conflict shocks occur unnoticed by anyone – silently - 'inside of the patient'. This doesn't mean, however, that the shock is any less dramatic, because all that really matters is what the patient *feels* or has felt at the time of the DHS. Often, he cannot speak with anyone about his conflict, although he would like nothing better than to bare his soul and to confide in someone.

The history of evolution has become my unfailing counselor. I think that in medicine, one cannot understand anything without taking into account our evolution. But when we look with curiosity over our Master Creator's shoulder, we are able to comprehend not only what exists, but also why it exists, and why it is the way it is.

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Translated from the German original
by Caroline Markolin, Ph.D.

Extract from: www.LearningGNM.com

SBS – SIGNIFICANT BIOLOGICAL SPECIAL PROGRAM OF NATURE

PROSTATE

by Dr. med. Ryke Geerd Hamer

The trigger of what we commonly call a disease is always a biological conflict - a highly acute conflict shock – called, in German New Medicine (GNM), a DHS. The very moment the DHS occurs, the shock impacts a specific area in the brain, which, in turn, corresponds to a very specific organ. On a brain CT-scan this impact is visible as a ring-configuration (HH – Hamerscher Herd). The more the HH expands, the larger is the tumor, the necrosis, or the functional changes of organ cells.

The DHS is the corner stone of the Iron Rule of Cancer and indeed of German New Medicine as a whole. Most patients know exactly when their DHS took place as it is invariably a distressing event.

According to the Second Biological Law of German New Medicine, every disease runs in two phases: first a cold phase and then a second, warm phase – always provided that there is a resolution to the conflict. If the conflict cannot be resolved, however, the disease remains in the conflict active phase (ca-phase). In the case of ongoing, intense conflict activity, the individual loses more and more weight and can eventually die of weakness or of cachexia (wasting syndrome). Until now, we have completely overlooked this complementary second phase. As a result, our understanding of diseases has been fundamentally wrong.

Based on the Ontogenetic System of Cancer and Cancer-Equivalent Diseases, there are two different types of tumors. One type is the result of cell proliferation in the conflict active (sympathicotonic) phase; the other is the result of cell augmentation in the (vagotonic) healing phase, during which the tissue loss (holes, necroses, or ulcerations) of the conflict active phase is replenished with new cells.

In the brain, the control centers of all cancers that generate the growth of a tumor during the conflict active phase are located close to each other. From an evolutionary point of view, they all belong to the same embryonic germ layer and they all have a very specific biological purpose. Each germ layer correlates to a specific area in the brain, to a particular type of biological conflict, to a certain histological cell-formation, and to very specific germ layer-related microbes. This basic pattern holds true for all three germ layers and consequently for all diseases.

All cancers that cause cell proliferation during the conflict active phase have their brain relays in the brain stem or in the cerebellum, i.e., in the Old Brain.

Prostate cancer belongs to the group of organs that are controlled from the brain stem; these always form compact adeno-cell type tumors during conflict activity.

The biological conflict that relates to the PROSTATE is always a ‘half-genital conflict’ – that is to say, the emphasis of the conflict may be on procreation- or on gender-related issues but it is not exclusively sexual.

For example:

- a daughter takes her father to court over an inheritance issue
- a husband catches his wife/partner in bed with a lover
- an older man is left by his younger wife/partner in favor of a younger man
- ugly facts come to light during a divorce

During the conflict active phase a compact adeno-tumor develops and – as is the case with all other brain stem controlled organs - mycobacteria (provided they are available) multiply at a rate that is parallel to the tumor growth - in preparation for the ‘job’ they have to do during the healing phase, after the conflict has been resolved.

The more intense the conflict activity, the faster the tumor grows. The longer the conflict lasts, the larger the tumor becomes. The patient feels no pain or other discomfort, aside from vegetative symptoms such as sleeplessness, loss of appetite, or weight loss. The exception occurs in those cases (about 5%) where the prostate tumor happens to press on the urethra, causing a delayed or slowed urine flow. Prostate cancer is neither painful in the conflict active phase (ca-phase) nor during the healing phase (pcl-phase).

As soon as the conflict is resolved, everything is reversed: the patient is able to sleep again, his appetite returns, and he gains weight. With the conflict resolution the mycobacteria that multiplied during the conflict active phase now become active and start to decompose the tumor. This is Nature's surgery!

In the healing phase the urine is cloudy and smells (tubercular discharge); sometimes there is blood in the urine. Typically, the patient has night sweats, is very tired (not uncommonly 40°C / 104 F and above). But all of this is not dangerous. The only condition is that the patient needs to eat good, protein-rich food.

The swelling of the prostate during the healing process can temporarily compress the urethra. In that case, a catheter is recommended, for one or two months; or until the tumor has been decomposed and the normal urine flow is restored. After that, all will be well again.

This natural tubercular healing process of the prostate tumor is (aside from a temporary catheter) completely harmless and not at all painful - as long as there is urine flow - nor is there any danger of impotence. Nonetheless, a tumor that rubs against the urethra over a long period of time can damage nerve cells and thus cause impotence.

With prostate cancer, the biological purpose is in the conflict active phase when the production of prostate secretion increases. After the conflict has been resolved (e.g. the man ‘re-conquers’ the woman he has lost or compensates for the loss by getting a new girlfriend) the additional cells that formed the prostate tumor or BPH (Benign Prostate Hyperplasia) have become superfluous; they will now be removed by tubercular bacteria. At the same time, the ejaculate returns to its previous ‘normal’ quantity.

Even if mycobacteria are not available to break down the tumor, nothing noteworthy happens in 95% of the cases, except perhaps that the urine flow may be restricted due to the general swelling of the prostate. Even then, everything will go back to normal when the swelling recedes.

In the exceptional case that the swelling presses on the urethra and the tumor cannot be decomposed (because of a lack of mycobacteria), an operation must be considered. All in all, this would only become necessary in approximately 5% of the cases; and that only because the necessary bacteria were not present during conflict activity – in other words, for un-biological reasons!

These microbes, which have previously been viewed as “nasty enemies" or as an army of "virulent opponents" that want to destroy us and therefore have to be eradicated – these very same microbes have turned out to be our very best friends and our most loyal helpers; they are, so-to-speak, indispensable biological garbage-men and the restorer of our organism.

The microbes begin their work only after they have received an explicit order from the brain at the exact moment of the beginning of the healing phase, when the organism switches from lasting sympathicotonia (conflict activity) into lasting vagotonia (healing).

The standard therapy is to remove the cancer (or whatever is viewed as a tumor) regardless of whether the tumor is a conflict active tumor or whether it is a healing tumor. Everything must be cut out - based on the assumption that the cancer growth originates from an abnormal cell that swims in the arterial blood to other organs, where it then creates a new cancer – a so-called metastasis. Even if cancer cells could travel to distant organs, they would have to get there by way of the arterial blood. To this day however, no researcher has ever found a cancer cell in the arterial blood of a cancer patient!

Thus, a “metastasis” diagnosis always implies an unproven and in fact a wrong hypothesis - one that maintains that secondary carcinomas originate from a primary cancer. We do not deny the possibility of a second or even a third carcinoma, at least not in principle, but we do disagree with how they are assessed and interpreted. How, for example, could a prostate cancer that forms compact tumors in the conflict active phase migrate into a bone and there cause cell depletion?

German New Medicine is not a medicine founded on hypotheses but rather on Five Biological Natural Laws – provable, without exception, on all three levels (psyche, brain, organ) and reproducible in each patient’s case. Based on this new knowledge, in GNM we must carefully consider what still has to be done in terms of medical treatments and what is no longer necessary.

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Extract from: www.LearningGNM.com

GNM

GERMAN NEW MEDICINE THERAPY

Dr. Hamer: ***"Many of us will at one time or another experience a conflict and get cancer, but that is a normal part of life, and not such a bad thing at all, once one understands the principles of the Five Biological Laws. Even if some people are concerned about GNM not embracing conventional medical (dis)beliefs, they will soon be convinced by the force of the logic, the beauty, and the general common-sense approach of the GNM therapy."***

German New Medicine® is neither an "alternative medicine", nor an "integrative medicine", nor a "complementary medicine". German New Medicine offers a complete scientific system based on Five Biological Laws that explain the cause, the development, and, above all, the natural healing of so-called diseases.

DURING THE CONFLICT-ACTIVE PHASE

Typical signs of conflict-activity are constant dwelling on the conflict, sleeplessness, a lack of appetite, and cold extremities. From a biological point of view, the state of stress, particularly the extra waking hours and the total preoccupation with the conflict, are intended to put the individual into a state that facilitates a conflict resolution. To put it a different way: the moment we experience a conflict shock, the autonomous nervous system switches instantly into sympathicotonia (an enhanced state of stress), in order to provide our organism with *more* energy, so that we are able to resolve the conflict as quickly as possible.

Controlled from the conflict related brain-relay, a biologically meaningful change also takes place on the corresponding organ. If *more* tissue is required to facilitate the resolution of the conflict, the conflict-related organ or tissue responds with *cell proliferation*, like with a tumor growth; if *less* tissue is required to assist the conflict resolution, the organ or tissue responds to the related conflict with *cell-meltdown*, causing, for example, angina pectoris (involving the coronary arteries).

Thus, the basis of GNM therapy is to *understand* the biological significance of the symptoms, and to *support* their process rather than fighting it or interfering with it. When we are aware that very specific symptoms, including some cancers, are typical for the conflict-active phase, then **we are in absolute control of the situation. We are able to quickly overcome any panic or fear** and thus **prevent new conflict shocks AND new symptoms**, including new cancers. **Free from fear, we can fully concentrate on the conflict resolution**.

There is, of course, no general answer as to how to resolve a conflict. The resolution of each conflict always depends on the individual circumstances. However, a practical solution is usually the best and most lasting.

Since the healing symptoms are always proportional to the intensity and the duration of the conflict-active phase, we should always try to resolve a conflict as soon as possible.

If a conflict cannot be resolved at the time due to constraints or because of its emotional intensity, **downgrading the conflict** is a most important step. Extreme conflict-activity that lasts over a long period of time depletes the body of energy to an extent that the organism wastes away and the individual dies of what is called cachexia.

Reducing an intense conflict, for example, through finding partial resolutions, a change of attitude, or distraction, also decreases the symptoms on the organ level, for instance, the size of a tumor. Thus, a downgraded "conflict mass" also provides better conditions for going into the healing phase. **This is preventive medicine at its best!**

During the conflict-active phase there are rarely noticeable physical "disease" symptoms. Cancers that develop during the first phase, such as lung cancer, glandular breast cancer, prostate cancer, uterus cancer, colon cancer, liver cancer, or pancreas cancer are usually only detected during routine check-ups (PSA-tests, mammograms, Pap-tests), through "early screening" strategies, or medical exams targeted to find out whether a cancer has ”spread” (lung X-rays, bone-density tests, organ scans, and all kinds of "-oscopies"). Needless to say that these procedures can trigger new conflicts, such as "worry conflicts", "death-fright conflicts", "self-devaluation conflicts", "resistance conflicts", and the like, causing additional symptoms, including more cancers.

Dr. Hamer: "Regarding the diagnosis of cancers, about 40% of routine examinations reveal old encapsulated tumors, which should be left untouched. If the diagnosis has caused any conflicts, such as a death-fright-conflict or a “self-devaluation conflict”, these conflicts need to be addressed. In any case, there is never a reason to panic or to be scared of ’metastasizing cancer cells’".

In GNM therapy, in the **treatment of conflict-active symptoms** it is most important to find strategies and ways to resolve the related conflict, and, as a next but equally important step, to get prepared for the healing symptoms that are predictable!! **The earlier we learn GNM, the better prepared we are for healing.** When the healing symptoms finally arrive, they will not cause any fear or panic, but will rather be welcomed with a feeling of relief.

DURING THE HEALING PHASE

Low energy, fatigue, headaches, swelling, pain, inflammation, fever, night sweats, pus, discharge (potentially mixed with blood), so-called ”infections” and certain types of cancer are typical symptoms indicating that the related conflict has been resolved and that the correlating **organ or tissue is now undergoing a natural healing process**. Thus, most "diseases", including intra-ductal breast cancer, cervical cancer, bronchial cancer, or Non-Hodgkin's lymphoma, are treated - both by allopathic and naturopathic medicine - *when they are already in the process of healing!*

Chemo and radiation treatments are brutal and aggressive attacks on a body that is trying to heal.

Dr. Hamer: ***"If the patient has been made aware of all the facts, he will no longer need to get frightened by his symptoms. He can now fully accept these as the healing symptoms they are - all of which had until now caused fear and panic. In the greatest number of cases, the whole episode will pass without any serious consequences."***

Being able to identify and to recognize that very specific symptoms, including certain types of cancer, correlate to the resolution of a very particular conflict, also prevents new shocks and thus the development of additional symptoms. Preventive medicine can't get any better.

Suffering persons, who learn about GNM *after* they have received a diagnosis, are often in a desperate position, particularly when they have been diagnosed with cancer. Scared of a ”malignant” disease and frightened that the cancer could ”metastasize", they are torn between the doctrines of official medicine and Dr. Hamer's medical findings that reassure them that a cancer is always biologically meaningful and no reason to panic. As Dr. Hamer puts it, "being thus thrown back and forth between hope and panic is a most difficult situation for the patient and the cause for the very worst of complications." **Fear** causes stress that is detrimental to healing. Fear drains the body of its healing energy. **Panic** triggers new conflicts and reactions in the body, which hamper the healing process. A typical response, for example, is water retention as a result of an "existence conflict" or "hospitalization conflict".

> **German New Medicine is a new paradigm *of medicine*, but it is also a new paradigm *of consciousness*. It is the awareness that our organism possesses an inexhaustible creativity and remarkable self-healing capabilities. It is also the recognition that each cell of our body is endowed with a biological wisdom we share with all living creatures.**
>
> **For generations, the medical authorities have enslaved and imprisoned the human mind with a fear of diseases. The Five Biological Laws allow us to re-connect with Nature and to regain our trust in her creative and intelligent force. Thanks to Dr. Hamer's unfailing integrity and his dedicated research over the past three decades, we have now the key to become free of that fear.**

No remedy and no device in the world can "remove" a conflict. Resolving a conflict is also a process of learning and our chance to grow. The belief that we could bypass this opportunity with remedies or devices of any kind is locked into a paradigm that ignores the profound spiritual aspect of healing.

> **DR. HAMER: "**Those groups and individuals, who plagiarize and corrupt my discoveries say that GNM cannot offer any therapy. They make the patients, as well as the public at large, falsely believe that *their* "therapies", *their* "remedies", or *their* "devices" is an application of German New Medicine. This deception is serving self-interests and distracts patients from finding help and healing through the truth of the Five Biological Laws. In over 90% of cases, the body heals itself.**"**

A practitioner with a true understanding of GNM will honor and respect that the only true "healer" is the patient - the one who is healing at the time.

A practitioner with an in-depth knowledge of GNM knows how to support the healing process without interfering with it or causing any harm. He or she will also be aware of the risks of resolving an intense conflict too fast, and, that under certain circumstances it is imperative NOT to resolve a conflict in order to prevent a difficult healing crisis. By understanding the entire process, potential complications can be anticipated and addressed before they become critical. With GNM, gentle intervention can be planned to slow down an intense healing phase and ease the difficult points, without interrupting the healing process. With the patient and the practitioner working together, as facilitators for Nature, the healing phase can be a beautiful, life-affirming process for both.

The support and care of family and friends are, above all, the most precious gift a loved-one can receive during that time.

Dr. Hamer likes to speak of

"THE DANCE AROUND THE PATIENT"

The spirit of GNM Therapy could not be described any better

We should always keep in mind that everything in our organism occurs simultaneously and in a synchronized fashion on all three levels (psyche, brain, organ). The healing process, both in the **body** and of the related **brain relay**, always runs parallel to the healing that occurs on the **emotional and psychological level**. Tracks that trigger conflict relapses need to be identified in order to be able to fully complete the healing process.

The "**clearing**" of traumatic experiences can potentially cause the onset of acute healing symptoms with the **risks** of serious complications, particularly during the epileptoid crisis. The same applies to techniques used in Neuo-Linguistics-Programming. Any method aimed at unearthing and **re-living *old* traumas might trigger emotional relapses**, followed by the conflict-related physical symptoms - often to the surprise of both the patient and the therapist.

Affirmation exercises can keep the memory of a particular conflict-situation active, **leading to re-occuring chronic conditions**. An example: A man suffered a DHS, when his employer told him that the much expected promotion went not him but to one of his colleagues. Once he began to get used to the situation, he developed bladder cancer (the healing symptom of a conflict of "not being able to mark the territory", involving the lining of the bladder). Because of his cancer, he was forced to go into early retirement. Although he was now away from the office (the location, where the "territorial marking conflict" occurred) and from his colleague (who invaded his "territory"), the bladder cancer became "chronic". It turned out that the tracks, which kept the conflict reoccurring and thus prolonged the healing of the cancer, were the colleague-related affirmations, which he practiced several times a day.

EFT or Emotional Freedom Techniques is a method that apparently relieves emotional stress by tapping on certain meridians with the fingertips. EFT community website “Re: Help to control re-growth of benign brain tumor” is an example of how German New Medicine®, including the GNM-Therapy, can become distorted as a result of a misinterpretation of Dr. Hamer’s findings.

ABOUT COMPLICATIONS

DR. HAMER: "A number of complications can arise during the healing and repair phase - both on the brain level and the organ level . During the vagotonic stage, it is completely normal to feel tired and without energy for several weeks, or even, as in the case of hepatitis, for several months.

Many patients who are still able to be up and about throughout their conflict-active cancer stage (sympathicotonia), may become so tired during the ensuing healing phase (vagotonia) that they cannot even get out of bed. However, this condition is actually a very good sign indeed, and is even to be desired as the most optimal of conditions.

At this stage, *everything* is in the process of being repaired. Any previously neglected or pushed-aside 'jobs' are now taken care of - in the brain as well as in the body. For example, an abscess that has been kept on a "low flame" will now flare up; any bleeding, which has hitherto been kept at a minimum because of narrowed blood vessels (during the conflict-active phase), will now increase and weight that had been lost is now regained. Last but not least, all "malignant tumors" or necroses are now being decomposed or refilled with the help of fungi and bacteria.

However, as much as these responses may be considered normal, and even highly desirable, they may also result in complications such as heavy bleeding or impaired organ function. Complications can also arise when an edema obstructs vital pathways, when a bronchial "carcinoma" (actually an atelectasis) impairs the function of the bronchia, or when gall stones block the bile ducts. For this reason, **it is of the utmost importance that complications never be underestimated**.

On the brain level, most complications occur during the healing phase, when the localized brain edema causes the brain pressure to increase - at which time we have to do everything possible to prevent the patient from falling into a coma. During this phase it is helpful, in the less severe cases, to bring down the

edema naturally by drinking strong coffee or tea, by taking grape-fructose or Vitamin C, or by putting an icepack on the head or taking cold showers. Cool compresses applied to the "hot spot" of the brain are highly recommended, especially at night. Patients in the healing phase suffer most during the night; that is to say, until about 3 or 4 in the morning, when the organism switches over to the day-rhythm. Absolutely to be avoided are direct sunlight on the head, sauna visits, and hot baths. If intra-venous fluids are administered during this critical phase, the swelling in the brain increases, which can exacerbate an already serious situation."

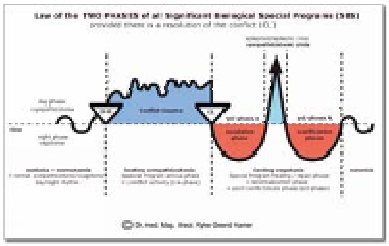
ABOUT SURGERY

DR. HAMER: "Surgery on a tumor is recommended, if vital nerves, arteries or pathways of supply or elimination are affected, for example an obstruction of the bowels, the bile ducts, or the trachea. This occurs in 15-20% of these cancers, and these are also the only cases where a tumor may lead to complications. Encapsulated tumors, which could not be decomposed because of the absence of the necessary microbes at the time, might be removed surgically, if they cause discomfort to the patient. However, the surgeon should only remove as much tissue as is needed. Since cancers do not "metastasize", cutting deeply into healthy tissue is unnecessary."

ABOUT MEDICATION

DR. HAMER: "As a rule, the use of drugs should be carefully considered and restricted to cases of emergency. Medication can certainly alleviate or eliminate symptoms, or prevent complications that arise during the healing phase. But, no drug and no therapy in the world can truly cure a disease. Only the patient can "treat" his symptoms, because only *he* can resolve his conflict and only *he* can do the healing!"

In order for **medication** to be at all useful, medication, including herbal and other naturopathic medicines, as well as dietary supplements need to be categorized according to the two-phase pattern of every SBS.



A health practitioner working in line with GNM will be aware that medications with sympathicotonic qualities *enhance* the conflict-active symptoms and *slow* the healing process, while medications with vagotonic qualities do the opposite.

Medication during the conflict-active phase

DR. HAMER: "During the conflict-active phase, a patient should, if at all, only be given "vagotonic" drugs, which decrease the state of stress. Sedatives or tranquilizers taken over a longer period of time, however, carry the risk of turning an active conflict into a hanging conflict. They also drastically diminish the motivation and the energetic force necessary to resolve the conflict. Not at all recommended during this period are sympathicotonic agents, since they *enhance* and *prolong* the conflict-active symptoms, with potentially serious consequences for the patient."

DISCLAIMER: The information in this document does not replace professional medical advice

Medication during the healing phase

DR. HAMER: "Medication during the healing phase is not required, except for about 10% of cases.

Antibiotics interrupt or entirely stop the repair work of microbes on a healing organ.

Cortisone, antihistamines, anti-inflammatory drugs, and antibiotics are all sympathicotonic medications with a stimulating effect. Administered during the healing phase, they disturb and prolong the natural healing process and prevent a complete recuperation.

Sympathicotonic medication ***is***, however, recommended in the case of an intense healing phase with potentially serious complications, particularly during the epileptoid crisis. Since the healing process is always controlled from the organ-related brain relay, sympathicotonic drugs have the effect to reduce the brain edema and consequently the organic symptoms. Yet, it is of the utmost importance to understand that sympathicotonic drugs, such as cortisone, *increase* an existing water retention ("Syndrome"), which can result in a severe situation as the extra water is also retained in the healing organ, causing increased swelling, increased pain, and potentially life-threatening organ obstructions, for example, in the colon or the bile ducts.

Cytostatic drugs ("Chemo") are poisonous sympathicotonic agents. They accelerate the growth of tumors that develop during the conflict-active phase. They also diminish the elasticity of the brain tissue involved during the healing process. Over the course of Chemo-treatments the brain edema alternatively compresses and expands. Eventually, this "accordion effect" can lead to the tearing of the brain tissue with serious consequences.

Radiation treatments also have cytotoxic effects. Radioactivity destroys healthy body cells, including bone marrow, where blood cells are produced. If the organism manages to recover, then we see leukemia during healing (just like with a biological "self-devaluation conflict" involving the bones).

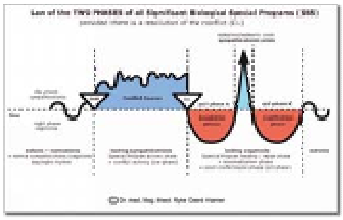
Morphine is a strong narcotic that puts a patient, who is in a vagotonic healing phase, even deeper into vagotonia, causing the brain edema to increase, with the risk that the brain pressure might cause the patient falling into a coma. One single injection of morphine administered to a patient at the deepest phase of vagotonia can be fatal! Morphine paralyzes the intestines and weakens the will to live.**"**

Angiogenesis Inhibitors - The angiogenesis-theory suggests that tumors stimulate new blood vessel growths (angiogenesis) to supply the tumor with nutrients. It is assumed that this growth of capillaries in the tumor causes small "harmless" cluster of cells to become a "large", malignant tumor. Based on the old medical paradigm that cancer is a "malignant disease", angiogenesis inhibitors are trying to stop what in reality is a meaningful process.

THE IMPORTANCE OF A HEALTHY DIET

Dr. HAMER: "An individual who eats properly is less susceptible to suffer biological conflicts. That is self-evident. It is a lot like why rich people don't get as many cancers as the poor, because the rich are able to resolve many conflicts simply by pulling out their cheque book and writing a cheque. **But to prevent cancer (or any other disease) through diet is impossible, because even a healthy diet cannot stop conflicts from occurring.** In Nature, the strong and healthy animal will naturally suffer fewer cancers than the one that is weak or aged. But this does not mean that being old is therefore carcinogenic."

It goes without saying that a healthy diet is essential for our well-being. Eating healthy food is particularly important, when we are in a "biological program".



During conflict-activity the digestive system runs in a minimal mode, so the appetite is usually low (Dr. Hamer: "a stag can't regain his lost territory with a full belly!"). Throughout this stress phase, dietary supplementation can be of great value as it enhances the energy and the strength needed to bear the distress and to resolve the conflict.

At the beginning of the healing phase, the appetite returns. Food now becomes true medicine. When an organ or tissue is in the stage of being repaired, the organism needs lots of nutrients that support the healing process. The energy we gain through a healthy diet makes healing so much easier. Conversely, foods containing toxins (pesticides, herbicides, preservatives, food additives, and the like) deplete the body of energy. This can prolong and even complicate the healing process.

When we fully recognize that **it is the PSYCHE, where diseases begin and where they end**, and that the brain functions as the biological control center of all bodily processes, including "pathogenic" changes, then we also learn to understand that **our diet or nutritional supplements cannot per se prevent, let alone cure a disease**. However, a healthy diet, ideally from organic sources, will certainly accelerate the healing process as, for example, a cancer that is already healing.

Eating significant amounts of **protein-rich food** is of the utmost importance during the healing of old-brain controlled tumors, such as lung cancer, liver cancer, colon cancer, pancreas cancer, or glandular breast cancer. When TB-bacteria are in the process of decomposing a cancer, the body eliminates, together with the remnants of the tumor, a discharge containing high amounts of protein. Supplementing the lost protein through protein-rich foods can be life-saving. "Juice diets" or "raw food diet" during that period could cause serious complications. The same applies to fasting at such a time.
Familiar with the two-phase pattern of every "disease", the quality of food, herbs, or dietary supplements appear in an entirely new light.

For example, **Vitamin C** has a "sympathicotonic" quality and as such acts like a stimulant. This explains why Vitamin C "works" with a cold or why it helps to relieve pain (a vagotonic healing symptom), given intravenously. Taken in excessive amounts during the *conflict-active phase*, Vitamin C can *augment* the symptoms, including the growth of old-brain controlled tumors. In the *healing* phase, on the other hand, Vitamin C *decreases the healing symptoms* but also *prolongs* the healing phase. This could be a welcome measure to slow down healing symptoms that are very intense (see “About Medication” above).

Coffee, like Vitamin C, is a stimulant. That is why drinking coffee relieves headaches (a vagotonic symptom). However, too much coffee during the conflict-active phase also amplifies the related symptoms, for instance, water retention and water retention-related weight gain (caused by “abandonment and existence conflicts"). This also applies to soft-drinks, "energy drinks", and any other stimulating liquids.

Undeniably, German New Medicine offers exciting new insights for nutritionists *and* herbalists.

WHY IS GERMAN NEW MEDICINE NOT TAUGHT IN MEDICAL SCHOOL

In **1981**, Dr. Hamer submitted his discovery of the "The Five Biological Laws the New Medicine" to the University of Tübingen as a postdoctoral thesis. Despite its legal obligations and court orders in 1986 and 1994, the Medical Faculty of the University refused to evaluate Dr. Hamer's findings. In fact, on March 12, 2008, the judge of the Administrative Court of Sigmaringen, Germany, ruled that the University of Tübingen is no longer obliged to verify Dr. Hamer's thesis.

This is an unprecedented case in the history of Universities!

Dr. Hamer's several attempts to open a clinic, where patients can be treated according to GNM principles, were often intercepted by the authorities.

DISCLAIMER: The information in this document does not replace professional medical advice

In **1985**, Dr. Hamer had to close his cancer clinic in Katzenelbogen, Germany, since his New Medicine was not officially recognized.

Headline: "**Cancer doctor Hamer is finished**". Text: 70 patients had to leave the clinic immediately, because the police threatened: "Those who don't leave voluntarily will be arrested!"

Text below picture: "With tears in his eyes, Dr. Hamer carries 18-year old Bettina R. out of his clinic … Her father: 'Hamer was our last hope.'"

In **1986**, a court sentence stopped Dr. Hamer from practicing medicine on the grounds that he refused to renounce his findings and to conform to the principles of official medicine. Dr Hamer lost his medical license, even though his discoveries have never been disproved). Without a medical license and without the approval of his post-doctoral thesis by the University of Tuebingen, Dr. Hamer is neither allowed to *practice* medicine nor to *teach* medical students and future physician.

As a result of the ongoing concerted effort to suppress Dr. Hamer's medical discoveries, doctors as well as the populace at large have not been given a chance to benefit from the knowledge of GNM, and, millions of patients have been denied to be treated according to German New Medicine with its humane, non-invasive approach - for almost 30 years!

Cancer Facts & War on Cancer, 2009

"While a cure for cancer has not yet been found, scientists are more confident than ever that further breakthroughs in cancer detection and therapy are not far away, allowing us to effectively control the disease."

The suffering caused by the censorship of Dr. Hamer's discoveries, for patients and their loved-ones, is beyond measure.

Written by Caroline Markolin, Ph.D. - Extract from: www.LearningGNM.com

GNM

WHAT ARE SO-CALLED "DISEASES"?

by Caroline Markolin, Ph.D.

German New Medicine (GNM) is based on the findings of medical doctor Ryke Geerd Hamer, M.D. Dr. Hamer received his medical degree in 1961 from the University of Tübingen, Germany. He is specialized in internal medicine and practiced at different University clinics in Germany. Dr. Hamer also shared a medical practice with his wife, Sigrid. Together they raised four children.

The 18th of August 1978 was, in Dr. Hamer's own words, the darkest day of his life. On that day, Dr. Hamer received the shocking news that his oldest son Dirk had been accidentally shot. Dirk died four months later in his father's arms.

Shortly after Dirk's death, Dr. Hamer was diagnosed with testicular cancer. Since he had never been seriously ill, he immediately assumed that the development of his cancer could be directly related to the tragic loss of his son.

Dirk's death and his own experience with cancer set Dr. Hamer on an extraordinary scientific journey. At the time head internist of a German cancer clinic, Dr. Hamer began to investigate his patients' histories and soon learned that, like him, they all had suffered unexpected emotional distress prior to their cancer development. But he took his research even further. On the basis that all bodily events are controlled from the brain, he analyzed his patients' brain scans and compared them with their medical records. This was an entirely new approach. Until then, no studies had examined the origin of disease in the brain and the role of the brain as the mediator between our emotions and a diseased organ.

What Dr. Hamer discovered was startling. He found that when we suffer unexpected emotional distress, like an unexpected separation, a loss of a loved-one, or sudden worries or anger, the brain triggers a biological emergency program to respond to the exact conflict shock being experienced. He established that the very moment the conflict occurs, the shock impacts a specific area in the brain causing a lesion that is visible on a brain scan as a set of sharp concentric rings (see picture). With the impact the shock is communicated to the corresponding organ. Whether the organ responds to the conflict with the development of a tumor (cancer), a heart condition, or tissue loss as we see in osteoporosis or stomach ulcers, is determined by the exact type of emotional distress.

Let's take for example **colon cancer**: The biological conflict linked to our intestine is, as Dr. Hamer calls it an "indigestible morsel conflict". Animals experience these morsel conflicts in real terms, when, for example, a chunk of food is stuck in the intestinal canal. In response to this potentially life-threatening situation, the intestinal cells immediately start to multiply. The biological purpose of the cell augmentation is to produce more digestive juices so that the food morsel can be broken down and can pass through. We humans inherited this biological response program. For us, an "indigestible morsel" can translate into an insult, a difficult divorce, a fight over money or property, or a court case that we cannot "digest". Dr. Hamer found that when we experience such an "indigestible" conflict, the same process of cell

proliferation is initiated, controlled from the part of the brain that controls our colon. As long as a person is distressed about the ”indigestible issue“ the cells keep multiplying, forming what is called a colon tumor. Conventional medicine interprets these additional cells as ”malignant“. Based on thousands of case studies, Dr. Hamer shows that these additional cells (the tumor), are what we could call ”disposable cells“ that are only useful for the time being. The moment the ”indigestible morsel“ can be digested, the superfluous cells are no longer needed.

Dr. Hamer also discovered that every “disease” runs in two phases. During the first, conflict-active phase, we feel mentally and emotionally stressed. Typically we are totally preoccupied with what happened, we have cold extremities, little appetite, suffer sleep disturbances, and lose weight. If we resolve the conflict we enter the healing phase, during which the psyche, the brain and the affected organ undergo the phase of recovery. Since conventional medicine fails to recognize the two-phase pattern of every disease, many symptoms of the repair phase such as inflammations, fever, painful swelling, pus, discharge, blood in the stool, the urine or the sputum (particularly when the cancerous growth is broken down), or infections, are labeled as diseases although they are, in fact, manifestations of a natural healing process.

The therapeutic aspects of GNM are manifold. The first step is to determine whether the person is still conflict active or already healing. If still in the active phase, the focus is to identify the original conflict, develop a strategy to resolve the conflict, and prepare the patient for the healing symptoms. During the healing phase it is important to support the patient psychologically and, if necessary, medically. But above all, it is essential to understand the nature of the symptoms. Because understanding each symptom in its biological and biographical context allows us to free ourselves from the panic and fear that is often triggered with the onset of a disease.

Dr. Hamer’s research radically upsets the central doctrine of standard medicine, namely that diseases are a result of a malfunctioning organism. By providing clear scientific evidence that diseases such as cancer do not occur by chance but as a result of survival programs that have been successfully practiced for millions of years of evolution, Dr. Hamer shatters conventional medicine (including the medical industry) at its core. With GNM, questions like ”Why me“? or ”Why cancer?“ are no longer a mystery. And like other ”medical heretics“, Dr. Hamer is paying the price for questioning the old dogma.

In 1981, Dr. Hamer presented his findings to the Medical Faculty of the University of Tübingen, Germany, as a post-doctoral thesis. But to this day, the University has refused to test Dr. Hamer’s research in spite of its legal obligation to do so. This is an unprecedented case in the history of universities. Similarly, official medicine refuses to approve his discoveries despite 28 verifications by both physicians and professorial associations.

Shortly after Dr. Hamer had submitted his thesis, he was given the ultimatum to either deny his discoveries or his contract at the University clinic would not be renewed. It was extremely difficult for him to understand why he was being expelled for presenting well-substantiated scientific findings. After his dismissal, he retreated to his private practice where he continued his research. Several attempts to open a private clinic failed because of concerted efforts opposing it.

In 1986, even though his scientific work had never been disproved, Dr. Hamer was stripped of his medical license on the grounds that he refused to conform to the principles of standard medicine. But he was determined to continue his work. By 1987 he was able to expand his discovery to practically all diseases known in medicine. In 1997, Dr. Hamer went into exile to Spain, where he continues to research. So far, he was able to confirm his original findings with over 40.000 case studies.

Dr. Hamer has been persecuted and harassed for over 20 years. The press and the medical establishment stop at nothing to slander Dr. Hamer and his work. He is portrayed as a charlatan, a self acclaimed miracle healer, a cult leader, or an insane criminal who denies cancer patients the conventional treatments (particularly Chemo). But it has to be mentioned, that contrary to standard medicine, GNM has a documented success rate of 92%. Ironically, these statistics for Dr. Hamer's remarkable success were delivered by the authorities themselves. When Dr. Hamer was arrested in 1997 (for having given three people medical advice without a medical license!!), the police searched his patients' files. Subsequently, one public prosecutor was forced to admit during the trial that, after five years, 6,000 out of 6,500 patients with mostly 'terminal' cancer were still alive. – From September 2004 to February 2006 Dr. Hamer was incarcerated in a French prison, because supposedly people (whom he had never met), suffered damages through his GNM teachings or his publications.

As long as representatives of the official medicine refuse to acknowledge Dr. Hamer's findings, we have to take it upon ourselves to learn about this ground-breaking new medical paradigm.

Extract from www.LearningGNM.com

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READING THE BRAIN

by Caroline Markolin, Ph.D.

Computer tomograms of the brain are commonly used as a means to look for brain tumors or other cerebral ”disorders“. But in 1981, Dr. med. Ryke Geerd Hamer, internist and originator of German New Medicine, made a startling discovery. By analyzing and comparing thousands of brain scans with his patients' history, Dr. Hamer established that every disease – from a cold to cancer - is initiated by an unexpected conflict shock.

Dr. Hamer found that such an unforeseeable conflict (unexpected anger or worry, an unexpected loss or separation, an unexpected insult, etc.) occurs not only in our psyche but simultaneously in the brain and on the corresponding organ. The moment we suffer the conflict, the shock strikes a specific area in the brain causing a lesion that is clearly visible on a brain scan as a set of sharp target rings (see picture above). With the impact the affected brain cells send a biochemical signal to the cells in the corresponding organ causing either the growth of a tumor, a meltdown of tissue or functional loss, depending on which brain layer received the conflict shock.

The reason specific conflicts are irrefutably tied to specific areas in the brain is that during our historical evolution, each brain layer was programmed to respond instantly to conflicts that could threaten our survival. While the brain stem (the oldest part of the brain) is programmed with basic survival issues like breathing, reproduction and food, the cerebrum (the youngest part of the brain) is concerned with more advanced themes such as territorial conflicts, separation conflicts or self-devaluation conflicts.

After identifying the brain as the mediator between the psyche and the organ, Dr. Hamer found that the target configuration only remains sharp as long as the person was in conflict activity. Once the conflict is resolved, the brain lesion enters – along with the psyche and the organ - the phase of recovery. Like with any wound that is repaired, an edema develops that protects the brain tissue during the healing process. On the brain scan we can see the changes: the sharp target rings that submerge in the edema now appear blurry, indistinct and dark. These observations confirmed Dr. Hamer's findings that every disease runs in two phases: first, a conflict active phase, characterized by emotional stress, cold extremities, a lack of appetite, and sleeplessness, and then, provided we manage to resolve the conflict, a healing phase. The healing phase, commonly referred to as ”disease“, is often a difficult process with fatigue, fever, inflammations, infections, and pain.

At the height of the healing phase the brain edema reaches its maximum size, and exactly at this moment, the brain triggers a brief, strong push that presses the edema out. With German New Medicine, this crucial moment is called the Epileptoid Crisis (EC). Heart attacks, strokes, asthma attacks, bleeding tumors, migraine attacks, or epileptic seizures are just a few examples of this crisis. The symptoms always depend on the nature of the conflict and which brain layer is affected. After the brain edema is pressed out, neuroglia (brain connective tissue that provides structural support for the neurons) assembles at the site to restore the function of the nerve cells that were affected by the conflict shock. It is this harmless glia accumulation that is commonly

called a **brain tumor**, even though it is actually a healing brain lesion. Dr. Hamer already established in 1982 the link between these ”brain tumors“ and simultaneous disease manifestations on the corresponding organs.

The above brain CT shows a target configuration (Hamer Focus, HH) in the right hemisphere of the sensory cortex of the cerebrum. The exact location indicates that the patient suffers from sensory loss in the left leg as a result of a separation conflict. Since the rings are sharp, we can conclude that the conflict has not yet been resolved. But why is the left leg affected rather than the right? Since the brain plays such an integral part in German New Medicine, laterality always has to be taken into account. The easiest way to establish our laterality is the clapping test. The hand on top is the leading hand and identifies whether we are right-handed or left-handed. This in turn determines on which side of the brain the conflict will impact and consequently which side of the body will be affected. There are two principles of laterality:

1) A right-handed person responds to a conflict with his/her mother or children with the left side of the body, and to a conflict with a partner (everybody except mother or children) with the right side of the body. With left-handed people this is reversed.

2) There is always a cross-over correlation from the brain to the organ.

The therapy of German New Medicine focuses on identifying and most of all on resolving the conflict because only the resolution of the conflict allows healing to occur. The responsibility of the GNM practitioner is to assist the patient while the healing process runs its natural course. A brain scan together with a thorough medical history is vital to establish the duration of the healing phase as well as complications that can be expected. Specific ”constellations“ of brain lesions determine if it is even feasible to resolve the conflict(s) since the resolution of long-term conflicts can trigger a life-threatening healing phase. Given the potential dangers, reading brain scans according to German New Medicine is a highly responsible task that requires extensive training.

Extract from www.LearningGNM.com

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A NEW UNDERSTANDING OF BREAST CANCER

by Caroline Markolin, Ph.D.

German New Medicine (GNM) refers to the discoveries of German internist Dr. med. Ryke Geerd Hamer, who, for the last twenty years, has provided us with ground-breaking empirical research about the origin, development and healing of diseases. To understand the true nature of breast cancer, I will first introduce you to the basic principles of German New Medicine.

What Dr. Hamer found was that every disease starts with a shock experience that catches us completely off guard. He called such an unexpected event a DHS (Dirk Hamer Syndrome), named after his son Dirk whose sudden tragic death initiated Dr. Hamer's own cancer. Such an unanticipated event doesn't always have to be spectacular. It can simply be triggered when we failed an important exam or when somebody hits us with a harsh remark. It is important to understand that a DHS differs greatly from a psychological "issue".. A DHS is a biological event that not only occurs in the psyche but simultaneously in the brain and on an organ. At the very moment we suffer a DHS the conflict shock impacts a specific brain area causing a lesion that is clearly visible on a brain scan as a set of sharp target rings. Since each area in our brain is connected to a particular organ, the location of the brain lesion determines which organ will be affected. In other words: specific biological conflicts cause specific physical responses in the body, such as cancer, diabetes, asthma, heart disease, etc. Based on our knowledge of the evolution of man, Dr. Hamer discovered that these responses were programmed into our brain as a result of a biological adaptation process that took place over millions of years. Since every human being is born with these age-old programs, German New Medicine refers to them as "Significant Biological Special Program of Nature" (SBS) , in clear opposition to the term "disease" which implies a disorder and malfunction of the organism.

According to Dr. Hamer's findings, every Biological Program ("disease") runs in two phases, provided that there is a resolution to the conflict. Let me illustrate this two-phased development with the example of breast cancer. Let's say, a woman is walking on the sidewalk with her child. Suddenly, the child runs into the street and is struck by a car. Naturally, the mother is in total panic. She suffers, in biological terms, a "mother-child-worry-conflict" and instantly the Special Biological Program for this particular conflict is switched on. With the conflict shock she enters the first phase, the conflict-active phase, with very definite symptoms: mentally, she is totally preoccupied with what happened, she can't sleep, she can't eat, her hands and feet are cold – that's why the conflict active phase is also called the COLD phase. If the woman is right-handed, the conflict will impact in the right side of the cerebellum (old brain) in the area that controls the breast glands in her left breast. If the "worry-conflict" would be over a partner the right breast would suffer the consequences. With left-handed women it is reversed. Since the brain plays such an integral part in German New Medicine, laterality is a decisive factor.

At the moment when the conflict impacts in the brain, the affected brain cells send a command to the corresponding body cells to stimulate the production of specialized breast gland cells to produce more milk for the ailing child. Even if the woman is not breast feeding the event still triggers the onset of this response as it has been doing so over millions of years. As long as the mother is conflict active the breast cells will keep multiplying, forming a "glandular breast tumor". By systematically analyzing hundreds of brain scans of patients with breast cancer, Dr. Hamer clearly

established that cancer of the breast glands always has to do with worries or arguments within what a woman considers to be her ”nest“, e.g. her home, her children, her partner, her pet, her workplace.

With the resolution of the conflict, when the child is well again, the second phase begins. In the healing phase the woman will be very tired, her appetite will return, her hands and feet will become warm again - that’s why the healing phase is also called the WARM phase. Unfortunately this is also the phase in which a patient develops inflammation, fever, infection and might suffer considerable pain. In the organ we also see an instant change: with the child being safe and sound, there is no reason to produce more of these precious breast gland cells. The tumor will immediately stop growing and the now superfluous cells will be decomposed with the help of special bacteria that are on standby for exactly that task. Since microbes are so indispensable for our survival, their different assignments were also programmed into the brain that now controls their many activities in our body. German New Medicine refutes the standard view that microbes are our enemies that are out to destroy us. On the contrary, given the purposeful co-existence of man and microbes, microbes are identified as our loyal helpers that maintain our organs and our tissues.

While the glands of the breasts are affected when a woman suffers a ”mother-child-nest-conflict“, the milk-ducts will react when she encounters a separation conflict, for example if her child, or her mother, or her partner was ”torn from her breast“. Since the milk ducts are controlled by the sensory cortex in the cerebrum (new brain), the tissue will respond differently: during the conflict-active phase the milk canals show small ulcers with the biological purpose to widen the diameter of the ducts to aid the discharge of milk that is no longer required. As soon as the conflict is resolved the ulcerated tissue will be replenished. Conventional oncology calls this cell proliferation that occurs during the healing phase an ”intra-ductal carcinoma“. German New Medicine offers a different view. After having carefully observed Nature’s biological laws for more than two decades, Dr. Hamer can assure us that such a ”healing tumor“ is a harmless lump that will slowly degrade during the healing process.

Extract from www.LearningGNM.com

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"TORN FROM MY SKIN"
Understanding skin disorders

by Caroline Markolin, Ph.D.

There are many speculations why our skin becomes suddenly irritated and ill. Theories range from genetic predispositions, a sensitivity to food substances, to poor circulation and stress. Regardless of which theory is in vogue, conventional dermatology is at a loss when it comes to questions like: What provokes the outbreak of a skin disease? What determines its severity and duration? Why does one person develop an eczema, another psoriasis and yet another herpes? Why does a skin rash appear on a particular part of the body? Why is it on the left side rather than on the right?

Dr. med. Ryke Geerd Hamer, the originator of German New Medicine (GNM), is the first who provides solid scientific research for understanding the true nature of diseases. By comparing and analyzing his patient's medical records, personal histories, and brains scans (computer tomogram of the brain), Dr. Hamer made a startling discovery. He found that every disease (cancer, heart conditions, diabetes, MS, arthritis, etc.) is caused by an identifiable type of "conflict shock" (loss, abandonment, self-devaluation, etc.), which correlates to the same area in the brain that controls the disease. He also established that every disease runs in two phases, provided the related conflict can be resolved. The first, conflict-active phase, is characterized by mental and emotional distress, cold extremities, little appetite, and sleep disturbances. The second phase or healing phase shows typically symptoms such as fatigue, head aches, fever, inflammation, or painful swelling.

The quintessence of Dr. Hamer's fundamental discoveries is that diseases such as cancer are not the result of a malfunctioning organism, but instead are **Significant Biological Special Programs** (SBS), which have been successfully practiced for millions of years.

Based on thousands of patients' cases, Dr. Hamer found that a skin disorder is always linked to a "**separation conflict**" which a person experiences as if "my child, my parent, my partner, my friend … was torn from my skin". The brain scan analyses showed that this type of emotional distress impacts without exception in the so-called sensory cortex, which is the part of the brain that developed during the course of evolution in accordance with the organization of herds, packs, and families, and the ability to express the social and emotional bond through skin contact.

A separation from a loved one can be emotionally very distressing. In Nature, the separation from the pack, from a mate or an off-spring is, biologically speaking, an emergency situation. Thus, a Significant Biological Special Program (SBS) is in place to assist the organism in coping with this traumatic event. During the conflict active stress phase, the skin loses epidermal cells causing a loss of sensitivity towards touch. This sensory "paralysis" is a natural form of protection from further traumas of this kind. As a result of the loss of epidermal cells, the skin becomes dry, rough, and may flake.

The resolution of the conflict is the turning point. Together with the healing that takes place on the psychological level, the skin also starts to heal by refilling and replenishing the ulcerated area with new cells. During this repair process the skin becomes inflamed, itchy, blistery, and swollen. Skin disorders such as eczema, dermatitis, rosacea, hives, or herpes are therefore positive signs

indicating that a natural healing process is taking its course. Neurodermatitis is a ”chronic“ inflammation of the skin. In GNM, the term ”chronic“ means that the healing phase cannot be completed due to constant conflict relapses. The GNM therapy focuses therefore on identifying the original conflict situation as well as the triggers that interrupt the repair process and are the underlying reason why the healing phase is prolonged. The two-phase pattern of all diseases also gives us a better understanding of psoriasis. Psoriasis, so Dr. Hamer found, always involves two separation conflicts. The active conflict shows as flaky skin, the resolved conflict shows red patches. The result is a familiar picture: silvery scales on a red surface.

Skin disorders are on the increase especially among children. Children often suffer a separation conflict when another sibling is born, when Mom goes back to work, when they fear that the parents might split up or when they do separate. As soon as the child comes to terms with the new situation, dermatitis develops, typically on the inside of the arms. Psychologically, this reflects that the separation was experienced as: ”I can no longer embrace you!“, ”I can no longer hold you!“.

This leads us to the question why a skin disorder appears on a certain area of the body. And Dr. Hamer discovered yet another biological rule: He found that if a right-handed person suffers a separation conflict over a child or his/her mother, the left side of the body will be affected; if the conflict is over a partner (everybody except our mother or our children), the right side will respond. For left-handed people it is reversed. However, this innate biological program can also run exclusively at the site where the separation was subjectively experienced, for example, on the cheek, on the belly, or on whatever area of the skin we feel that a loved one was ”torn from“.

Another natural significant response to a loss of physical contact is a dysfunction of short term memory. We know this phenomenon from mammals, e.g. cats, when a mother no longer recognizes her babies that were taken away from her. We humans, who have been sharing our environment with mammals for millions of years, respond exactly the same way. The ”forgetfulness“ during the state of distress over a separation is also biologically meaningful as it aids the organism in managing the emotional distress on the mental level. When our children have this ”disorder“, it is called Attention Deficit Disorder (ADD), when our elderly ”pack members“ begin to lose their memory, it is called Alzheimer’s disease. But a look at our modern society quickly reveals why these conditions are becoming more prevalent.

German New Medicine is more than an exact natural science. Dr. Hamer’s profound discoveries also remind us that we have forgotten to live according to our biological nature. With this awareness we can consciously practice ”togetherness“ and at the same time practice real preventive medicine.

Extract from www.LearningGNM.com

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UNDERSTANDING “ALLERGIES”

by Caroline Markolin, Ph.D.

As summer is on our door steps, so is for many of us ”allergy season“. I often asked myself: Why do some people get hay fever and others don’t? What factors determine whether we are allergic to certain pollen or to other agents such as animal hair, certain food substances, metals, feather pillows, mold, or cigarette smoke?

Over the last few decades, medical science has come up with numerous theories about what causes an allergic reaction. One of the most popular views is that we develop an allergy when our organism is exposed to an offending substance at a time when our defense system is weak. But why does one person react with a runny nose, another with asthma and yet another with a skin rash?

Dr. med. Ryke Geerd Hamer, internist, medical researcher and originator of German New Medicine, explains the entire allergic process as a biological interplay between psyche, brain and the corresponding organ. In 1981 Dr. Hamer discovered that every disease starts with a shock experience that catches us completely off guard. He called this unexpected conflict a DHS (Dirk Hamer Syndrome), in honor of his son Dirk whose tragic death initiated Dr. Hamer's own cancer. Such an unanticipated event doesn’t necessarily have to be spectacular. It can simply be triggered by unanticipated anger or when somebody strikes us with an offending remark. Dr. Hamer found that at the moment we experience a DHS, the conflict shock impacts a specific area in the brain causing a lesion that can be clearly identified on a brain scan as a set of sharp target rings. The response on the organ is determined by which part of the brain received the conflict shock.

According to German New Medicine, every so-called disease has two phases. During the first, conflict-active phase, we feel mentally stressed, have cold extremities, little appetite, and suffer from sleep disturbances. If we resolve the conflict we enter the resolution or healing phase. Thus is the period in which the psyche, the brain and the corresponding organ undergo the phase of recovery, an often difficult process with fatigue, fever, inflammations, infections, and pain.

Symptoms that are typical for both the common cold and certain allergic reactions are nasal congestion, a runny nose and sneezing. The nasal mucous membrane is controlled by a brain relay in the frontal lobe of the cerebrum. By analyzing thousands of brain scans, Dr. Hamer established that it is exactly this particular brain area that is affected when we experience a ”This stinks!“-conflict, as he likes to call it. His findings confirm that a ”stink“-conflict can be experienced in real terms, for instance through a sudden offensive smell, or in a figurative sense. At the moment the conflict occurs, the nasal mucosa begins to ulcerate, a process that usually goes unnoticed. What is noticeable, however, are the typical signs of the conflict-active phase like shivers, a loss of appetite and a certain restlessness. But as soon as we resolve the conflict, often by leaving the environment or situation that ”stinks“, the ulceration in the nasal mucous membrane gets replenished. The refilling of the tissue loss causes nasal congestion and often headaches due to the brain edema in the affected brain area that also tries to heal.

Sneezing and a runny nose are therefore signs that the organism is finally getting rid of the residue of the repair process and, figuratively speaking, of what caused the ”stink“ to begin with.

When we experience an unexpected conflict shock, our mind is in an acute awareness situation. Highly alert, our subconscious picks up all components that surround the conflict such as smells, tastes, sounds, objects, or people and stores them until the conflict is completely resolved. In German New Medicine, the imprints that remain in the aftermath of the DHS are called “tracks”.. These tracks are most significant because if a person is already in the healing phase and suddenly sets on a track through association or real contact, the entire conflict relapses and the Special Biological Program with all the symptoms that belong to the particular conflict starts all over again. This is, in biological terms, an allergic reaction. So what is commonly called an allergy is in fact already the healing phase after the conflict relapse. The biological purpose of the allergy is to serve as a warning system that says: ”In such a situation, you’ve had a DHS. Watch out!“

If somebody is allergic to a certain food like peanuts, eggs, strawberries or chocolate, the food substance was most likely consumed at the moment of the conflict shock. Now we have to be clear: When we leave the irritating substance out of the diet, it is NOT the avoidance of the food that cures the allergy, but rather the avoidance of the track! If a person reacts to a certain pollen with a runny nose, we can conclude that the pollen in question was present when a ”This stinks!“ conflict took place. As long as the conflict is not completely resolved the specific pollen will serve as a track and the ”seasonal allergy“ will recur year after year.

Tracks always have to be taken into consideration when we are dealing with ”chronic“ disorders such as arthritis, angina pectoris, asthma, hemorrhoids, or recurring infections. According to German New Medicine, the term ”chronic“ indicates that we have fallen back into the same conflict again and again. In order to interrupt the continual relapse cycle and be able to complete the healing phase once and for all, we have to identify the track(s) that were laid together with the original conflict shock. Clues for the cause of the allergy are usually hidden in the ”context“ of the allergic reaction. All circumstances such as time, place and the specific symptoms have to be carefully scrutinized. For instance, if a person suffers from migraines only on weekends, we will most likely find the source at the workplace. While nothing will be noticed during the week, on the time off, away from the ”culprit“, the organism takes the first chance to heal. By integrating German New Medicine into our daily lives we learn with growing gratitude the language in which Mother Nature speaks to us.

Extract from www.LearningGNM.com

Disclaimer

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RETHINKING OSTEOPOROSIS

by Caroline Markolin, Ph.D.

Osteoporosis, defined as a ”disease“ in which the bones become porous and weak, occurs (so we learn) predominantly in women following menopause. But why are postmenopausal women at greater risk? Why does not every postmenopausal woman develop it? Why do some suffer more bone loss than others? Why is in one case the spine affected in another the hip or the shoulder? German New Medicine, discovered in 1981 by German internist Dr. med. Ryke Geerd Hamer, offers us sound scientific answers to these questions.

A bit of background information: Dr. Hamer explains disease as a synchronous between the psyche, the brain and the organ. He discovered that every disease is set off by an experience that catches us completely off guard. He called this unexpected conflict shock a DHS (Dirk Hamer Syndrome), in honor of his son Dirk whose sudden tragic death initiated Dr. Hamer’s own cancer. According to German New Medicine, every so-called disease has two phases. During the first, conflict-active phase, we feel mentally distressed, we have cold extremities, little appetite, and suffer from sleep disturbances. If we resolve the conflict we enter the resolution or healing phase, as Dr. Hamer likes to call it. This is the period in which the psyche, the brain and the corresponding organ undergo the phase of recovery, an often difficult process with fatigue, fever, inflammations, infections, and pain.

In German New Medicine, the brain (the actual brain matter) is of fundamental importance. Dr. Hamer found that at the very moment we suffer a DHS, the conflict shock impacts a specific area in the brain leaving a mark (a lesion) that is clearly visible on a brain scan. Since each relay in our brain is connected to a particular organ, the tissue that is controlled by the affected brain area responds by developing a tumor, an ulcer, a necrosis, or a functional disturbance. Whether the organ responds to a conflict shock with a growth or a tissue loss depends on the layer of the brain that is affected. By taking into account our knowledge of the evolution of man, Dr. Hamer further discovered that in the course of several million years of evolution each brain layer was programmed with certain biological responses that ensured the survival of the species. For example: if a mammal or a human experiences a sudden death fright, the lung alveoli cells immediately multiply to provide more air intake so that the crisis can be endured. We commonly call that lung cancer. Since every human being is born with these age-old programs, German New Medicine refers to them as “Significant Biological Special Programs of Nature” (SBS), clear opposition to the term ”disease“ which implies a dis-order of the organism and a malfunction of nature.

By systematically analyzing thousands of brain CTs of osteoporosis patients, Dr. Hamer established that the bone tissue is always affected when a person experiences a sudden breach of self-esteem. Such a ”self-devaluation conflict “ can be triggered by an unfair remark, by being put down, by failing at work, in sports or in school or when we feel unsupported. Illness, aging or the transition to retirement provide infinite situations that can trigger a loss of self-confidence. The location always depends on the specific kind of self-devaluation. If we feel devalued as a whole, the entire back will be affected. If we feel devalued below the waist (often a partner problem) the hips will suffer the consequences. A loss of self-respect as in ”I am a bad partner“ will affect the right shoulder, assuming the person is right-handed. Since the brain plays such an integral part in German New Medicine, laterality is a decisive factor for assessing the situation.

The brain layer that receives the shock of a self-devaluation is the cerebral medulla (the interior part of the cerebrum), that controls the bones, tendons, muscles, and other supportive tissues that literally carry our self-esteem. On the organ level we see the following changes: at the moment the conflict strikes, the callus cells in the bone begin to decrease, causing gaps and little holes in the bone. The clinical term for this decalcification process is osteoporosis. The longer the conflict lasts the more bone mass will be lost. However, at this stage there is no real danger of fracture because the periosteum, the skin that covers the bone, still provides a stabilizing shield. The conflict resolution is like turning a corner. The moment we regain our self-esteem the gaps will be refilled and the affected bone will be reconstructed. The swelling that comes with the repair process causes the stretching of the periosteum which can be very painful. When the periosteum stretches, the bone loses its support and breaks easily. So it is in the healing process that there is the greatest risk of spontaneous fractures. After the repair is complete the bone is much stronger than before. Biologically, this process serves the purpose of strengthening the bone tissue that was affected by the conflict shock, so that next time we suffer a DHS of this nature, our organism will be better prepared.

German New Medicine provides the missing link of why not every postmenopausal woman develops osteoporosis. As gynecologist Dr. Susan Love documents in her *Hormone Book*, the correlation between bone loss and estrogen deficiency is purely hypothetical. Dr. Hamer's research also shows that osteoporosis has nothing to do with hormonal changes but instead a lot with the loss of self-esteem of postmenopausal women. After the kids have left home a woman often feels no longer needed. With the changes that come with menopause women just don't feel the same. Their physical, mental and sexual performances are not what they used to be. At this stage in life a woman's self-confidence is very vulnerable.

Hormone Replacement Therapy has been regularly prescribed for a loss of bone density until recent research has put it under new scrutiny (its serious side effects were recently publicized by the Women's Health Initiative). Does Hormone Replacement Therapy work? It is well known that estrogen makes a woman look younger which consequently makes her feel more attractive. This estrogen boost might just do the trick to resolve a woman's self-devaluation. So it is not the estrogen per se that improves bone health but rather the effect of the hormone on a woman's psyche. German New Medicine truly offers us a lot to (re)learn.

Extract from www.LearningGNM.com

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THE NATURE OF TUMORS

by Caroline Markolin, Ph.D.

In February 1979, Dr. med. Ryke Geerd Hamer, at the time head internist at an oncology clinic in Munich, Germany, set out on an extraordinary scientific journey. On the basis that all bodily processes are controlled from the brain, Dr. Hamer began to analyze the brain scans of his cancer patients and compared them with their personal histories. What initiated this new approach was that Dr. Hamer himself had been diagnosed with cancer shortly after the tragic death of his son Dirk in December 1978.

What Dr. Hamer discovered was startling. He found that when we suffer unexpected emotional stress, the ”conflict shock“ impacts an area in the brain that is programmed to deal with exactly the particular type of distress experienced. From over 40,000 case studies, Dr. Hamer established that when the brain receives the impact, which is clearly visible on a brain scan, the organ or tissue that is controlled from the affected brain area also reacts. Depending on the exact nature of the conflict, the organ either responds with cell augmentation, i.e. the growth of a tumor, or with tissue loss.

Let’s take, for example, **lung cancer**. Our lungs consist of millions of lung alveoli (tiny air sacks) that regulate breathing and, consequently, our body’s oxygen supply. Dr. Hamer found that the type of conflict linked to the alveoli cells is a ”death-fright conflict“ because in biological terms the death panic is equated with an inability to breathe. The moment the death-fright occurs, for example **through a cancer diagnosis shock that is associated with a ”death sentence“**, the alveoli cells instantly start to multiply, forming a lung tumor. The tumor will continue to grow as long as the death-fright is active. Contrary to the conventional view, the multiplication of lung cells is not a pointless process but serves a very definite biological purpose, namely to improve the capacity of the lungs thereby optimizing the organism’s chance of survival. Dr. Hamer firmly established that a person only develops lung cancer when the brain scan shows a sharp target ring configuration in the corresponding brain area as a result of the impact of an unexpected ”death-fright“.

Since healing can only occur after the conflict has been resolved, GNM focuses on identifying and resolving the original conflict. Above all, it is most important to create an environment free of fear and panic so that the ”patient“ can enter and complete the healing process without the danger of new conflict shocks. During the healing phase, the entire organism undergoes a period of repair and recovery. In the case of lung cancer, the moment the death-fright conflict is resolved, for example through hope and encouragement and most of all through understanding the natural function of the cancer, the tumor stops growing. During the healing phase the tumor is broken down by spelialized that have been trained over the course of evolution to do just that. In the case of lung tissue, tubercular bacteria are activated to decompose the now superfluous cells. The remnants of the tumor are coughed out, therefore the sputum contains tubercular secretion often mixed with blood. This condition is clinically called lung tuberculosis. If these helpful microbes are not available, because of vaccination or excessive use of antibiotics, the tumor encapsulates and stays in place. A routine examination might then reveal the harmless nodules and potentially trigger a new cancer diagnosis shock.

What has been said about the healing process of lung cancer applies, according to Dr. Hamer’s findings, equally to cancers of the esophagus, colon, rectum, kidneys, liver, prostate, uterus or the

breast glands – whereby each cancer is biologically linked to a specific type of conflict that Dr. Hamer has identified based on thousands of cases.

While organs that are controlled from the Old Brain (the brain stem and the cerebellum) such as the lungs, the colon, the esophagus, the liver, the kidneys, or the breast glands generate a tumor growth during the conflict-active stress phase, the opposite applies for organs that are directed from the New Brain (the cerebrum) such as the ovaries and testicles, the cervix, the bronchia, the larynx, the bones and the lymph nodes. These organs respond to conflicts with tissue loss as seen, for example, in ovarian or testicular necrosis – and again the tissue alteration occurs not randomly but for a very definite biological reason. The moment the related conflict is resolved, the tissue that was lost through ulceration during the active stress phase is now being refilled and replenished with new cells. Here we find, for example, tumors of the ovaries and testicles, cervical cancer, bronchial or laryngeal carcinoma, lymphoma as well as various types of sarcoma. According to conventional medical standards these cancers are considered to be malignant growths although they are in fact healing tumors, which degrade along with the completion of the healing phase.

GNM offers - for the first time – biological criteria that classify cancerous growths in relation to the natural laws of embryology and evolutionary science. Dr. Hamer's findings explain why certain body cells suddenly start to multiply, why a tumor grows on a particular part of the body, what specific conflict provokes the tumor growth, from what part of the brain the tumor is controlled, and what therapeutic approach is feasible for a specific type of cancer. We learn that a tumor that grows during the healing phase as part of a repair process is of entirely different quality than a tumor that grows during conflict activity as a natural response in the battle of survival. Fixated solely on the cancerous growth and failing to recognize the two phases of very disease, standard medicine interprets cancer as cells running amok which, if not kept in check through Chemo, radiation or surgery will eventually kill the organism. As a result of this dogmatic view, the word ”cancer“ itself has become synonymous with hopelessness, fear and despair.

Based on the natural biological laws that determine the cause, development and healing process of cancer, the doctrine of destructive cancer cells can no longer be maintained. Dr. Hamer's extensive research on cancer shows that the standard classification of tumors as ”benign“ or ”malignant“ becomes redundant. Nature, so we are reminded, doesn't harbor any malignancy. Nature always works goal-oriented and the ultimate force of Nature is to secure its own survival. Since we, as humans, are part of Nature, which we sometimes seem to forget, Nature always tries to ensure our own survival and that of our off-spring.

Extract from www.LearningGNM.com

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GNM

Overview of GNM Testimonials

BLADDER

" … because I now have control …" (anonymous)

"Bladder Infections after Sex" (Lida Baron)

"GNM Rocks!" (Paul Barratt Hassett)

"I knew that I would be well again…" (anonymous)

"I now full understood that I had nothing to fear!" (Bill Y.)

BONES

ARMS

"My Experience with German New Medicine" (by a mother of a young patient)

HIP

"Most of all, there is no more fear …" (W. W.)

"The next day, the pain was gone" - (Monika A.)

KNEES

"GNM testimonials are the best way to learn German New Medicine" (Dirk V.)

"I have no more pain in my knees!" - (H.)

BRAIN TUMOR

"I was the only one who maintained: 'He is not going to die!' " (L. Sch.)

BREAST

"We thank GNM for a new life!" (B.)

"Cherry wanted to tell the world about German New Medicine" (C. Trumpower)

"I am now Cancer Free ! (Marcy Pormann)

"My experiences with German New Medicine" (Kerstin Gisella)

"I am exceedingly happy to know GNM" (Silvia Herzig)

"Within 4 weeks, the lump in her breast was considerably smaller" (H. Krause)

COLON

"Thank God that I was able to disentangle myself from the clutches of conventional medicine" (Katharina Hoffman)

"I let go of all my fears" (Ria W.)

"I have not yet had any more diarrhea from milk!" (H. J. H.)

"By resolving my conflict I was able to cure my "disease!" (anonymous)

COMMON COLD

"… thank you, for opening my eyes" (J.B.)

CORIUM SKIN

"... only when I had given the shoes away …" (anonymous)

"… I was sure that my socks stink" (B. E.)

"… and the Athlete's Foot disappeared!" (Christiane S.)

How a verbal "slap in the face" becomes a big pimple

DOWN SYNDROME

"Genes don't have the last word, after all" (Ben)

GOUT

"A brain CT tells the story!" (anonymous)

"My gout has completely disappeared" (Joseph Henkes)

HEART

"Your website saved my mother's life" (anonymous)

KIDNEY

"My lucky escape from Oncology" (anonymous)

"Testimonial about my severely handicapped 19- year old son" (A. Baumeister)

"Kidneys Abandonment Conflict" (Dr. Hamer)

"Kidneys Existence Conflict" (Dr. Hamer)

"I wasn't alarmed, but rather fascinated" (Cheryl Kluge)

LARYNX

"My fear of cancer has completely vanished" (Friedrich Bartling)

LEUKEMIA

"Meet My Healer, Leukemia" (Lorene Salsbery)

"Six weeks after the first leukemia symptoms, we had a completely recovered 'Junior'"

LUNG

"I believe I am alive today because I became aware of GNM" (Dave T.)

"It is awesome to observe the Biological Laws in action" (Micha)

MOUTH

"I had simply to wait"

MUSCLES

"Catch me if you can" (anonymous)

"The child was all by herself and felt stuck in her crib" (Inge K.)

"Hadn't I held his legs very rigidly when he was a small baby…" (René)

"Ever since then, she has been her old self again" (anonymous)

"His speech has slowly gotten better each day since" (Isabelle G.)

"Losing half my face was not a viral infection after all" (Juergen Buche)

NON-HODGKIN'S LYMPHOMA

"It is unthinkable in what kind of a vicious circle we could have landed" (anonymous)

NOSE

"It must have been a terrible shock for him" (anonymous)

"I have had a terrible dust-allergy for over 40 years" (Klaus-Dieter D.)

OVARIES

"The surgeon exclaimed cheerfully: 'Hamer was right!'" (Dr. Hanno Beck)

"Dream of a Blue Bucket" (Marlies Ehninger)

PROSTATE

"My Path of Learning and Healing" (Berndt Dräger)

"Possible Side Effects of an Operation" (Joseph Henkes)

"I am feeling good!" (William S.)

SKIN

"If more parents would study GNM, …" (G.S.)

"My hands are fine and I am confident that they will remain so!" (anonymous)

"… stopping Charlotte from eating ice cream (anonymous)

"I had the proof with a just a little herpes blister" (anonymous)

"This knowledge is miraculous" (Nick Moore)

"Now I am free of my allergy!" (anonymous)

"I've had my first dandruff-free winter in 25 years!" (anonymous)

"From that day on, she didn't get a single new wart" (anonymous)

"That evening, the wart suddenly fell off!" (anonymous)

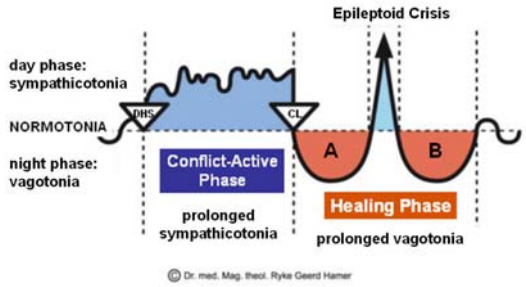
"I knew the best resolution to my conflict was to get another pig"

TESTICLES

"What does my cat have to do with my testicles?" (Erich Potsch)

"My story of Testicular Cancer" (Christoph Buck)

CASE STUDY # 1



DATE: August 2010

CLIENT: 30 year old right-handed female

Subjective Complaint: **Severe right neck pain**. Client works as a flight attendant and reports that she had just returned from a London, England flight. She indicates that she went home exhausted and went to bed immediately for about 5 hours. Upon waking up, she complained of severe neck pain and was unable to move her head due to muscle spasms.

Observation: She presented with very limited neck range of motion, and was unable to turn side to side due to pain especially to the right side. Muscles on both sides of the neck were very tender to palpation. Her neck was very tense and she was guarding it due to fear of pain with sudden movements.

Organs affected: **Muscles, right side of the neck** Embryonic Germ Layer: new mesoderm
Brain Control Center: cerebral medulla

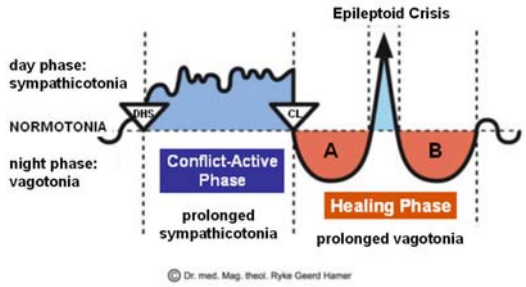
GNM Explanation: **Medium intellectual self-devaluation conflict in relation to a "partner"** causing muscle tissue loss (necrosis) of striated musculature on the right side of the neck. She is currently in Phase A of healing = pain and spasm. The meaning of this Biological Special Program (SBS) is to strengthen the musculature to better handle future strains and intellectual self-devaluation conflicts.

GNM Understanding: After discussing the conflict involved, the client mentioned that on the London flight, a fight broke out on the plane between two passengers. She reports that as she intervened to stop the arguing, one of the passengers began to assault her verbally, berating her and attempting to intimidate her for interfering (**her DHS**). She indicates feeling shocked and upset by the passenger's behavior as she was told that her job was only to "serve the passengers". The client states that she needed to leave the situation to calm herself down as she became very emotional and upset about the incident. The situation was handled by other flight attendants. As for the client, a temporary resolution may have occurred as she arrived home and slept it off. It was explained that her body then went into healing (Phase A) as she temporarily resolved and forgot about the incident and that is when the neck pain appeared.

Results: The client understood the relationship and was determined to emotionally resolve the conflict completely. She reported some decrease in her pain immediately after the consultation. Energy balancing techniques and gentle muscle work was also done to help give her some relief from the pain. She reported in a follow-up session that she worked on downgrading the situation and letting go of the conflict. She admitted that the neck pain was gone and that she regained her full range of motion within 3 days.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 2



DATE: October 2010

CLIENT: 36 year old left-handed female

Subjective Complaint: **Vomiting, diarrhea, cramping, fever, generalized sickness.** Client reports that she began to feel "sick" after coming home from an indoor soccer game on Thursday evening. She indicates that she felt fine during the game and earlier that day, but that after the game she began to feel nauseous. She reports that she ended up with severe diarrhea and vomiting that evening and spent most of the night in the washroom. She indicates that the next day was more of the same and her whole body felt sore and achy, with a slight fever. She reports feeling like it was food poisoning.

Observation: She presented very lethargic, with low energy and was visibly very sick with a slight fever. She reported nausea and wanted to lie down to rest and sleep.

Organs affected: **Stomach and small intestine** Embryonic Germ Layer: endoderm
Brain Control Center: brainstem

GNM Explanation: **Conflict of not being able to digest a "morsel"; an indigestible anger conflict.** Currently in Phase A of healing = pain, diarrhea, vomiting, fever. The meaning of this Biological Special Program (SBS) is to increase the digestive-juices-producing cells in the stomach and small intestine in order to better absorb and digest the "indigestible anger".

GNM Understanding: After discussing the conflict involved, the client mentioned that during the summer, she was playing with a soccer team that was to travel to British Columbia to represent Ontario in a Canadian championship tournament. She states that prior to their critical playoff game, which would determine whether they would go on to represent the province in the Canadian championships, she decided she would not be traveling with the team should they qualify for the finals in British Columbia due to the recent birth of her daughter. However, she told the team that she would be happy to play with them in the playoff game to help them to qualify.

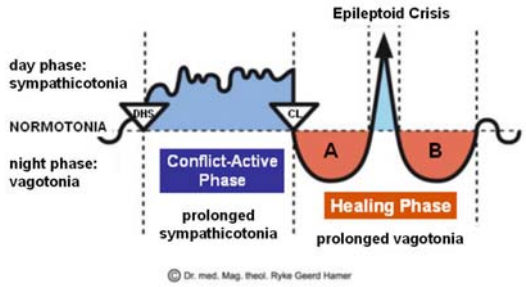
When the day of the playoff arrived (about 2 months ago), she was very excited to play and invited her family and friends to come out and attend the game in a neighboring city. She reports that she is normally a starter on the team, but was very shocked and upset during the playoff game when she was not played at all, without being notified by the coach that this was going to happen **(her DHS).** She recalls being extremely angry and hurt especially since she invited family and friends to attend a game that she did not end up playing in. She states that she walked off the field near the end of the game and voiced her displeasure and anger with the coach of the team. She indicates feeling very upset for several days afterwards and vowed to never play with the team again.

On the Thursday night when she became "sick", the client mentioned that she was asked by her new indoor soccer team to play for them in the following summer. She indicates that she must have interpreted that invitation as the **resolution to her indigestible anger** with her old team, as she now had a new team to play for next season. It was when she arrived home that evening excited to tell her spouse the news that her symptoms began to appear.

Results: The client understood the fact that she was currently already in Phase A of healing and very close to Phase B. She was recommended to eat plenty of protein to replenish what she was losing through the vomiting and diarrhea and also to give her energy during her recovery. She felt relieved that there was an explanation for her "illness" and reported afterward that she was "feeling back to normal" and symptom-free 3-4 days after making the emotional connection to her symptoms. It was noted that the duration of her conflict activity (2 months) explained the length of time it took for her body to undergo the healing phase (5-6 days).

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 3



DATE: August 2010

CLIENT: 37 year old right-handed male

Subjective Complaint: **Right neck and right shoulder blade pain for one week** with no mechanism of injury. Pain seems to come and go but with no physical aggravation.

Observation: Client presented with full neck and shoulder ranges of motion but with right neck and right shoulder pain at end range. Palpation revealed tension and trigger points in the muscles along the right neck (cervical paraspinal muscles) and his right shoulder (rotator cuff muscles).

Organs affected: **Muscles along the right side of the neck and right shoulder rotator cuff muscles**
Embryonic Germ Layer: new mesoderm
Brain Control Center: cerebral medulla

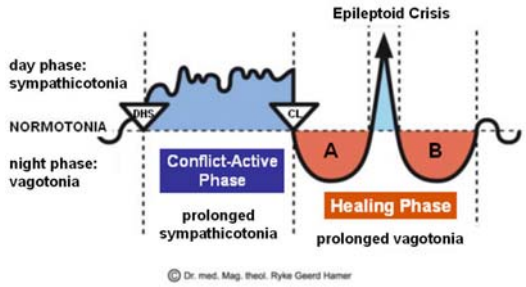
GNM Explanation: **Neck: medium intellectual self-devaluation conflict in relation to a "partner"** causing muscle tissue loss (necrosis) of striated musculature on the right side of the neck. **Shoulder: loss of self-respect regarding a relationship in relation to a "partner"** causing necrosis of striated musculature on the right shoulder. Currently in **hanging healing** as he reports that pain comes and goes and is worse on certain days compared to others. He is on a **track** which must be identified and brought to his awareness in order to help complete the healing.

GNM Understanding: After discussing the conflict involved, the client mentioned that a few weeks ago he was involved in a fender bender in his work parking lot. He states that he accidentally hit a co-worker's car that was parked in the parking lot as he was leaving to go home (**his DHS**). He indicates that he told his co-worker what had happened and decided that he would help pay her for the cost of repairing the minor damage to her car. He now recalls that his symptoms feel worse whenever he is at work (**his track**) and that they seem to be gone when he is not at work. He also reports that he does feel guilty (right shoulder pain) regarding the whole incident and sometimes tries to avoid the co-worker in order to not be reminded about the accident. He also states that he felt he was being taken advantage of as the co-worker wanted him to pay her cash and that she would go and get the repairs done herself instead of giving him the invoice for the repairs. He indicates feeling that she would only take the cash and not actually do the repairs to the car (neck pain). The client was told how his work, the parking lot and his co-worker may all be potential **tracks** that are interrupting the Biological Special Program (SBS) from completing the healing phase.

Results: The client was able to make the connection with the GNM explanation and reported that he would no longer delay giving his co-worker the money and would just like to put the whole incident behind him and move forward. He is currently in Phase A of healing which is being interrupted by his tracks. Energy balancing and muscle work was performed to help give him some relief from his symptoms. Upon follow-up he reported that after paying her co-worker and putting the whole situation behind him, the symptoms have stopped. He reported in another session that he continues to be pain free even one month later

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 4



DATE: July 2010

CLIENT: 30 year old right-handed female

Subjective Complaint: **Numbness of both arms from back of her arms to elbows and forearm.** She reports the numbness is especially worse at night just before bed. She reports the numbness has been there for about 3 years. She states that she often will wake up at night with her arms asleep and that she would have to shake them out for a few seconds before the feeling comes back. She admits that the numbness always happens at night even if she is not in her own bedroom. She reports that she has had several diagnostic tests done and was told by her family doctor that she possibly had a nerve conduction problem in her arms. However, she was not sure why she mostly experiences the numbness at night in bed.

Observation: Client presented with full ranges of motion in her neck, shoulders and elbows. She did not currently present with any symptoms of numbness.

Organs affected: **Periosteum** (skin that covers bones) **of upper and lower arms** bilaterally specifically on the outsides of both shoulders and arms.
Embryonic Germ layer: ectoderm
Brain Control Center: cerebral cortex (post-sensory cortex)

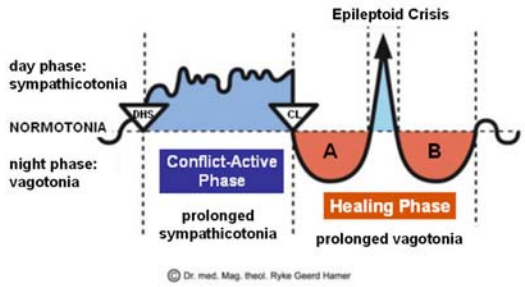
GNM Explanation: **Periosteum represents a brutal separation conflict, or wanting to separate from someone.** This client's presentation of numbness on the *outside* of both arms indicates **"wanting to push away or separate"** from someone. She is currently in **hanging healing** as she reports that the numbness is worst at night while lying in bed. She is on a **track** which must be identified and brought to her awareness in order to help her complete the healing.

GNM Understanding: After discussing the conflict involved, the patient mentioned that the numbness began 3 years ago after a separation from an abusive boyfriend. When questioned further regarding the night time "track", she mentioned an incident where while she was in bed in her apartment, her boyfriend came knocking in the middle of the night and tried to break into her room (**her DHS**). She recalls being in shock and afraid, wanting him to just leave her alone. The client was made aware of the connection between her arm numbness and her wanting to separate from an abusive ex-boyfriend. The client did admit that she occasionally is still anxious that she may run into him or his friends one day. She reports that she will work on letting go of her past fears and her anxieties regarding her ex-boyfriend, as she is now in a new relationship which she is happy about. She is currently in **hanging healing**, as her body is still associating the time before bed with the shock of her ex-boyfriend trying to break into her apartment while she was sleeping.

Results: The client understood the GNM explanation and reported that she would continue to work on letting go of her fears of running into her ex-boyfriend and that she would repeat to herself at night that "it was safe to go to bed". Upon follow-up one week later, she reported a significant reduction in her arm numbness. About 2-3 weeks later as she was seen for another complaint, she reported that she no longer has the numbness in her arms and that she is able to sleep without waking up at night. Three months later in another follow-up she reported that the numbness has completely gone and that she no longer thinks about her ex-boyfriend the same way anymore.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 5



DATE: September 2010

CLIENT: 49 year old right-handed female

Subjective Complaint: **Swelling of her tongue, lips, mouth and throat, also dry mouth, no saliva.** She indicates that the symptoms began as numbness and swelling on her tongue. She then reported that 6 days later after dinner, *severe* swelling of her mouth and throat which felt like an 'allergic reaction' that almost sent her to the hospital. Three days later after eating fish at a birthday party, the swelling of her lips and mouth happened again and she took Benadryl to relieve the symptoms. The next day at a bridal shower brunch, she had another swelling episode of her mouth and lips and again she thought she ate something with fish in it. All this time in between the swelling episodes, she reports a numbness and "funny" feeling on her tongue and that she has a dry mouth, no saliva.

Observation: Client presented with slightly noticeable swelling in her lips and she spoke as if her tongue was swollen and numb. Her tonsils were not inflamed.

Organs affected: **Mouth, tongue, upper 2/3 of esophagus**
Embryonic Germ layer: ectoderm
Brain Control Center: cerebral cortex
Salivary glands
Embryonic Germ layer: endoderm
Brain Control Center: brainstem
Kidney Collecting Tubules ("The Syndrome" – causing water retention)
Embryonic Germ layer: endoderm
Brain Control Center: brainstem

GNM Explanation: **Numbness of the mouth and tongue** is related to an oral **"separation conflict" of "I don't want to have this in my mouth". The upper 2/3 of the esophagus** relates to a **conflict of "I don't want to swallow this". The salivary glands** relate to **"not being able to grab/catch a morsel". Severe swelling** is related to an **existence/abandonment conflict**, involving the **Kidney Collecting Tubules**, causing water retention, particularly in the area that is healing at the time (here the mouth and throat area). It is evident that the **conflicts involve food**, with the client being currently in a **hanging healing** with **tracks** that are causing her body to respond with 'allergic reactions'. The goal is to identify the conflict and determine the tracks in order to allow the healing to be completed.

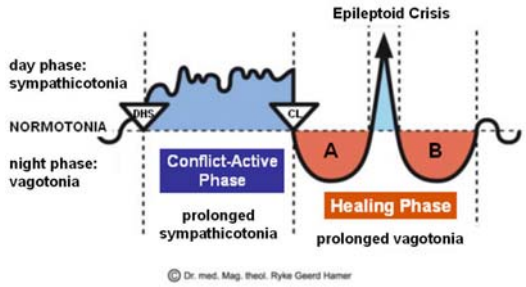
GNM Understanding: After discussing the conflicts involved, the client mentioned that she recently decided to lose 10 lbs and gave up eating sugars in the process. She indicates that she had asked her spouse to help her lose the weight and to stay on top of her eating habits. She reported that she found it very difficult to give up sugars and found that her diet was very restricted especially because she has a "sweet tooth". She stated that her tongue symptoms first appeared on a Friday after she went grocery shopping and bought a bag of cookies. She recalls eating about 5-6 cookies on the way home from the store and as she pulled into the driveway was shocked at how much she had eaten and especially on what her husband was going to say when he finds out. She states that she "felt like a child trying to hide the cookies" so her husband wouldn't notice "how much she had eaten". She indicated that the tongue symptoms began shortly after her husband made an offending remark regarding the amount of cookies she ate (**her DHS**).

Six days later after dinner at her in-laws she reports that they were about to eat a slice of cake with her coffee when her spouse made the comment "you're not going to eat that (slice of cake) are you?" She admits she felt bad and decided to have a small piece of her spouse's cake instead. On their way home that night is when her mouth and throat began to swell and we saw her for the first time in the office. She felt better as we talked about giving up the restricted diet and to look at losing the weight through exercise instead of such a restrictive diet. She agreed that she would stop the diet and focus on portion control instead. She reported that the swelling in her throat had calmed down by the end of the session. However, three days later she was at a birthday party and she admits that she was very tense and nervous about what she was going to eat because of the anticipation of her husband's comments. She recalls that he made a comment in front of everybody, about her taking a second piece of bread and that shortly after that was when she ate the fish and had the swelling episode of her lips and mouth and had to take Benadryl. She reports that she can now see how her nervousness around food was related to **her husband's comments (her track).** The next day, the client reports leaving to go to a Bridal shower luncheon, but as she was leaving, her spouse mentioned to watch what she ate because it was going to be a buffet. Again shortly after arriving at the party, she had another reaction.

Results: The client was able to make the connection with the GNM explanation that her husband's comments were what "she did not want to swallow" and that his reactions to what she was eating were clearly tracks, which made her body replay her "morsel conflicts" program. She reported that she was able to speak about it with her spouse and that he was willing to help her resolve the issue, and that he would no longer make comments about what she ate. She indicates that he thought he was only doing it to help her lose weight, which she originally asked him to do. The patient indicated that once she got out of her head that she was allergic to any particular food and that it was the perceived negative comments that caused her body to react, she was able to later eat fish and dairy with no reactions. About 4 weeks after we originally discussed her case, she reported no more swelling of her mouth, lips, or throat, but that she still had some numbness and tingling on her tongue. Approximately 6 weeks later (from the start of her original symptoms), her symptoms were completely gone and she has been able to eat fish and other foods with no reactions.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 6



DATE: April 2010

CLIENT: 20 year old left-handed female

Subjective Complaint: **Sore throat, cough for a few days, and a fever.** She indicates that the symptoms began 4 days ago on a Friday. She reports that it began as a sore throat and later progressed to a cough with a fever and generalized fatigue.

Observation: Client presented with slight fever, fatigue and constant cough.

Organs affected: **Bronchial mucosa and upper 2/3 of esophagus**
Embryonic Germ layer: ectoderm
Brain Control center: cerebral cortex (sensory cortex)

GNM Explanation: **Constant cough** is related to a **scare-fright conflict**. During the healing phase, the ulcerated bronchial lining is replenished typically accompanied with coughing, fatigue and fever. A **sore throat** is related to the **conflict of not wanting to swallow/ accept "a morsel" (situation or an event)**. During the healing phase the ulceration of the upper part of the esophagus is replenished which causes a sore throat and swelling.

GNM Understanding: After discussing the conflicts involved, the client mentioned that she was working on a school portfolio project which was due last Friday. She indicates that on Tuesday of the same week, she was working on her portfolio when her computer crashed and she thought she lost all of her work (**her DHS**). She states that she began to panic that she may not be able to hand the work in on time. However, a couple of days later she was able to recover her work and to courier the portfolio in time. It was on Friday after the **conflict was resolved**, that her symptoms first appeared.

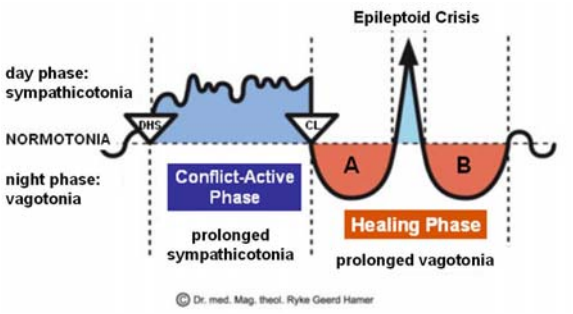
Results: The client was able to make the connection with the GNM explanation that she was actually already in the healing phase of a Biological Special Program (SBS) that was triggered by the unexpected shock of fearing she lost her work and that it would not be handed in on time (which was "hard to swallow"). She was told that being aware of the conflict and truly understanding that it is resolved will only help to minimize the symptoms and potentially finish the healing phase quicker. Upon a later appointment with the client, she reported that her symptoms were gone 3 days after our visit.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 7

DATE: June 2009

CLIENT: 49 year old right-handed female



Subjective Complaint: Loss of voice and sore throat when she woke up Monday morning. Client reports that she was feeling okay enough to go to work but found it difficult to speak.

Observation: She presented with no clinical signs or symptoms of illness or fever, but with hoarseness of her voice and occasional clearing of her throat. She was having difficulty speaking and could softly whisper.

Organs Affected: Laryngeal mucosa Embryonic Germ Layer: ectoderm
Brain Control Center: cerebral cortex (sensory cortex)

Upper 2/3 of the esophagus Embryonic Germ Layer: ectoderm
Brain Control Center: cerebral cortex

GNM Explanation: Scare fright conflict triggered by unexpected danger causing ulceration of the laryngeal mucosa and vocal chords, along with a **conflict of not wanting to swallow/ accept "a morsel" (situation or event)** causing ulceration in the upper esophagus. The client is currently in **Phase A** of healing a loss of voice, coughing and a sore throat as the ulcerated area is replenished with swelling in the larynx and the esophagus.

GNM Understanding: After discussing the conflict involved, the client mentioned that she had just returned from a weekend in New York City. She recalls that as she and her spouse arrived at their hotel, she was told that there was a bomb threat in the area and that their hotel fell within the perimeter that the police wanted to monitor (**her DHS**). She reports that they had to pass through a police blockade whenever they left and returned to their hotel room. She states that she felt "scared" all weekend and could not wait to return home that Sunday evening. She is currently in Phase A of healing as the conflict is resolved and she is no longer in the "scary" environment.

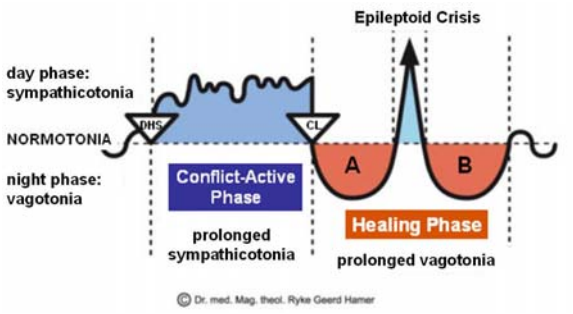
Results: The client understood the explanation and was told that she was already in healing and needed to just make the emotional connection of her symptoms to the scare of the weekend in order to allow the biological program (SBS) to be completed. She was recommended to rest as much as she could and to eat and drink fluids that would soothe her throat. She reported that after 4 days her voice returned to normal and the sore throat was gone.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 8

DATE: March 2011

CLIENT: 36 year old right-handed male



Subjective Complaint: **Allergy: sneezing, runny nose, itchy, watery eyes**. Client reports that the symptoms started when he was 10 or 11 years old and have been constant since. He indicates that the symptoms are worse at night which affects his ability to sleep. He states that the symptoms are also year round with no relief. He admits that the only time the symptoms were less intense are when he is on vacation. He reports that he has been told he is allergic to everything, pets, environmental, dust, etc. The client indicates that he is on allergy medication which he takes regularly (2-3 pills per day) and also that he began getting allergy shots a month ago, with no relief.

Observation: Client presented with full spinal range of motion in all areas. He was not noticeably sneezing or having any allergy symptoms during his initial visit, but he was observed to have slightly blocked sinuses and a stuffed nose.

Organs Affected: **Nasal membrane and sinuses**
Embryonic Germ Layer: ectoderm
Brain Control Center: cerebral cortex
Conjunctiva (clear membrane covers the white part of the eyes/ eyelids)
Embryonic Germ Layer: ectoderm
Brain Control Center: cerebral cortex (sensory cortex)
Kidney Collecting Tubules ("The Syndrome"- causing water retention)
Embryonic Germ Layer: endoderm
Brain Control Center: brainstem

GNM Explanation: **Nasal membrane and sinuses: stink-conflict, "this stinks"** causing ulceration in the nasal mucosa. **Conjuctiva: "light" visual separation conflict; losing unexpected sight of somebody** causing ulceration (tissue loss) during the conflict-active phase. During the healing phase, **swelling of the eyes and sinuses. Kidney Collecting Tubules: existence/abandonment conflict** causing water retention, particularly in the area that is healing at the time (here the nose, sinuses and eyes). The client is currently on **tracks** which reactivate his symptoms causing a **hanging healing** situation. He will need to identify the original conflict as well as the associated tracks in order to complete the Biological Special Program (SBS).

GNM Understanding: After discussing the conflict involved, the client recalled that when he was 10 or 11 years old, his family moved homes and neighbourhoods, which also meant he had to move schools and say goodbye to many of his friends **(his DHS)**. He remembers the first incident that brought about his symptoms was during a soccer game, after the move. He reports that he was able to still play for his old soccer team in his old neighbourhood, which meant that he went into **Phase A of healing** during that first game back with his old team mates. He remembers having to come off the field as his symptoms became so severe he could barely see or function because of the sneezing and watery eyes. It is very possible that over the years several new tracks were established as he was told he was allergic to many things as he grew older. The client understood the explanation and was determined to acknowledge the emotions that he felt at 11 years old when he had to move homes and schools and to work on being able to close that chapter in his life. He was also asked to monitor his symptoms in order to identify his tracks and bring it to his awareness so he may finally complete the SBS and complete the healing phase.

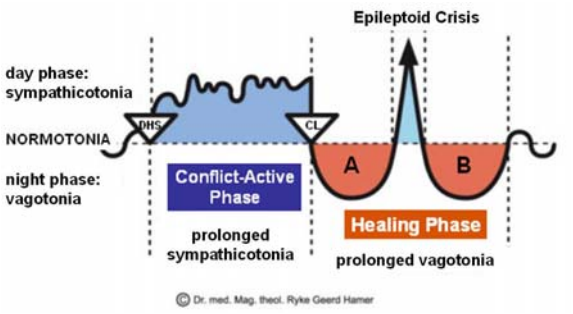
Results: On a follow-up visit one week later, he reported having 3 days with no symptoms whatsoever. After two visits, he reported a 70% improvement in his symptoms and admits that he has not had any symptoms at night and has been sleeping well since our first visit. He states that he only took one allergy pill all week. He reports having some milder symptoms during the day on the way to work. After finding out the significance of that day, he pointed out that when there is a complaint at work that he needs to deal with he often feels “like a kid who’s about to get in trouble” **(a track)**. The client reported that he will continue to make the emotional connections to his tracks with how he felt during that stressful time in his life as an 11 year old. After his third visit, two weeks since his last appointment, he was amazed at how he was feeling. He reports that he went to Florida with his family for a week and normally he has severe symptoms on the plane but did not have any symptoms at all this time. He is also amazed that normally March and April are when his symptoms are the worst. Instead, he admits that he has not taken any allergy medications in nearly 3 weeks and feels 85-90 % improvement overall. The client’s visits consisted of consultations and interviews to discuss his conflict, tracks and his plan of action. General balancing techniques were also used as well as gentle muscle work and drainage techniques to relieve any tension and improve circulation. The client reports that after 4 visits his “allergies” for 25 years seem to be almost completely resolved.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 9

DATE: February 2011

CLIENT: 53 year old right-handed male



Subjective Complaint: Left shoulder, left neck and left face pain that started two weeks ago and has been constant since. Client reports that the symptoms are worse in the morning and less intense during the day.

Observation: Client presented with decreased range of motion in his neck with extension, right lateral bending and left rotation with pain on the left neck. Shoulder range of motion was within normal limits with left shoulder pain at end range. He also presented with multiple joint restrictions in his neck and upper back area, as well as with tenderness to palpation of his left neck and upper back muscles.

Organs Affected: Muscles of the left shoulder Embryonic Germ Layer: new mesoderm
Brain Control Center: cerebral medulla

Muscles, left side of the neck Embryonic Germ Layer: new mesoderm
Brain Control Center: cerebral medulla

Periosteum (skin that covers bones) **of left facial bones**
Embryonic Germ Layer: new mesoderm
Brain Control Center: cerebral cortex (post-sensory cortex)

GNM Explanation: Shoulder: loss of self-respect related to a "mother/child"-conflict causing necrosis of striated musculature in the left shoulder. **Neck: medium intellectual self-devaluation conflict in relation to "mother/child"** causing muscle tissue loss (necrosis) of striated muscles on the left side of the neck. **Periosteum of facial bones: severe fear of separation or wanting to separate in relation to "mother/child"** causing functional changes or hypersensitivity of the facial bones on the left side during the conflict active phase. The client is currently in **hanging healing** as he reports that the neck, shoulder and facial pain is worse in the morning and at night, but is manageable during the day while he is at work. His **tracks/triggers** must be identified and brought to his awareness in order to help him complete the healing process.

GNM Understanding: After discussing the conflict involved, the client reported that his mother went away on a vacation for two weeks. He states that while she was away, he decided to fix the broken window in her truck as well as cleaning and servicing the truck. He recalls that when she returned from her trip two weeks ago, he was upset that she did not acknowledge, thank him or even mention anything regarding the work he did on the truck (**his DHS**). He admits that he felt hurt (**track** affecting neck muscles) and decided to "distance" himself (**track** affecting facial pain) from his mother for the next few days in order to not become more upset. He reports that every morning since, he would wake up feeling guilty at not having called his mother (a **track** affecting the shoulder), but as the day would go on he would become busy with work and not call her. At night as he comes home, he has similar feelings about calling but decides not to call her. He admits that he has not spoken to his mother for almost 2 weeks now.

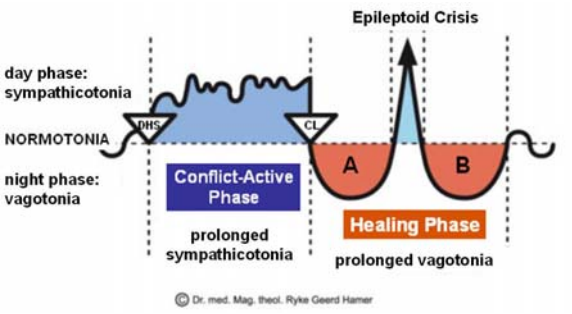
Results: The client understood the explanation and decided that he was going to put the whole incident behind him and not let his mother get to him. He reported that he decided to finally call his mother and was surprised at how pleasant she was over the phone and even invited his family over for dinner. On a follow-up visit one week later, he reported a significant decrease in his neck and shoulder pain and no more facial pain. He indicated that he was feeling 85% better.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 10

DATE: March 2011

CLIENT: 58 year old right-handed male



Subjective Complaint: **Left knee pain on the inside of the knee.** Client reports that the knee has been bad for about one week with occasional swelling. He states that he woke up last Wednesday morning with knee pain and could not walk without limping.

Observation: Client presented with a slight limp favouring the left knee. The knee was observed to be slightly swollen. He also had moderately limited flexion in the left knee. The client also had tenderness to palpation around the left knee musculature and tendons.

Organs Affected: **Muscles, tendons of the left knee** Embryonic Germ Layer: new mesoderm
Brain Control Center: cerebral medulla

GNM Explanation: **Knee: self-devaluation conflict regarding performance ("not as fast or as strong as I can be")** causing necrosis of striated musculature on the left knee. The meaning of this Biological Special Program (**SBS**) is to strengthen the musculature to improve performance. The client is currently in **phase A of healing** or possibly in a **hanging healing** as he reports that the knee pain has lingered for a week now, with some days being worse than others, causing more limping. His original conflict must be identified and brought to his awareness in order to make sure it is fully resolved, so that the SBS program can finish and complete the healing.

The fact that the **left knee** is affected indicates that the conflict was experienced in relation to the client's mother or children

GNM Understanding: After discussing the conflict involved, the client reported that in January 2011 he had to do a series of heart tests. He indicates that in the past few weeks he has had to wear a heart monitor and was told by his family doctor to take it easy until the results from the heart tests came in (**his DHS**). The client is a very active and generally healthy individual. He reports that it was difficult for him to stop working out all together because of the heart monitor. Instead, he decided to decrease the intensity of his workouts. When asked to elaborate, he admitted that for example he normally would be using the elliptical cardio exercise machine at an intensity level of 7-8 but because of wearing the heart monitor, he was down to only a level 3 in the past few days, which he felt frustrated about. The client was then asked about the Tuesday night before his knee pain arrived. He reported that he decided to increase the intensity of the elliptical workout to a level 6-7, just to see how he would feel. He indicates that he felt great that night with no heart issues or no pain anywhere. The next morning he woke up with severe knee pain and swelling. It was

explained that the client resolved his “performance conflict” on the Tuesday night as he was able to use the elliptical at his usual level of intensity without any problems. His body then entered into Phase A of healing, which includes pain, inflammation and swelling. He may be on a few tracks since the knee pain came about, with the pain itself being a potential track. He admitted that he is planning a 3-day golf vacation next week and was worried about how his knee would hold up.

When asked in what way his “performance conflict” relates to his mother/children, he said when he thought about getting in shape and staying healthy it's so that he can continue to provide for his children...that's why it affected the left knee (as a right-handed male).

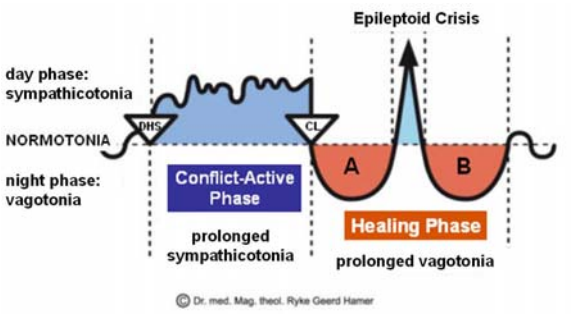
Results: The client understood the explanation and was advised to connect the knee pain with healing. He was encouraged to give the knee time to heal and to not overdo it in the next few days. Manual soft tissue therapy and mobilization was performed on his “injured” knee and he was recommended to ice and elevate if the knee would get swollen. The client cancelled his follow-up appointment which was 4 days later. A follow-up phone call two weeks later revealed that his knee pain resolved two days after our session. He admits that after two days he was able to resume all of his normal activities. He states that he had a great golf vacation with no problems at all with his knees. He reports that he was also given the green light from his medical doctor and that there were no significant heart issues that came up from his heart monitor.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 11

DATE: May, 2011

CLIENT: 64 year-old right-handed female



Subjective Complaint: Client was recently diagnosed with **superficial phlebitis in her left calf veins** which were visibly swollen and enlarged. She did not complain of pain but was more concerned regarding the swelling.

Observation: Left calf superficial vein appears to be large and inflamed and slightly tender to palpation.

Organs Affected: **Left calf leg veins:** Embryonic Germ Layer: new mesoderm

Brain Control Centre: cerebral medulla

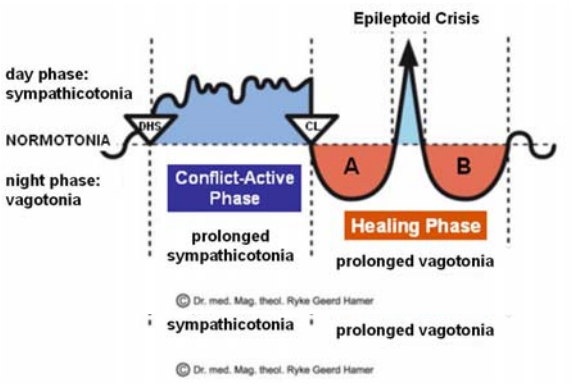
GNM Explanation: **Left leg veins: ball and chain conflict; feeling tied down with respect to her mother/ child** causing necrosis of the leg vein during the **Conflict Active Phase** and phlebitis during **Phase A of Healing**. She is potentially already in the healing phase and will need to identify the original conflict in order to complete the Biological Special Program (SBS).

GNM Understanding: The client understood the explanation and recognized that her conflict is related to a doctor's visit for her husband who is currently dealing with dementia. She reports that the medical doctor told her that her husband's dementia is a "frontal lobe dementia" which is the worst form to have **(her DHS).** She indicates that this diagnosis made her feel "tied down" and nervous that she may not be able to handle more of what's involved with caring for her spouse, whom she now sees like a "child", hence the left leg vein (her mother/child side).

Results: Upon a follow-up visit 3 weeks later for another complaint, she mentioned that the swelling in her left calf resolved after 3 days. Her left calf now appeared normal in size with mild scar tissue palpated. She reports coming to terms with her new role in the relationship as she continues to deal with her spouse's health issues.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 12



DATE: June, 2011

PATIENT: 36 year-old left-handed female

Subjective Complaint: Client presented with **itchiness and redness in her left eye.** She reports that the symptoms began a few hours after having a scare at her son's school.

Observation: Client was observed to have redness with mild swelling of her left eye (**conjunctivitis**).

Organs Affected: **Conjunctiva:** Embryonic Germ Layer: ectoderm

Brain Control Centre: sensory cortex

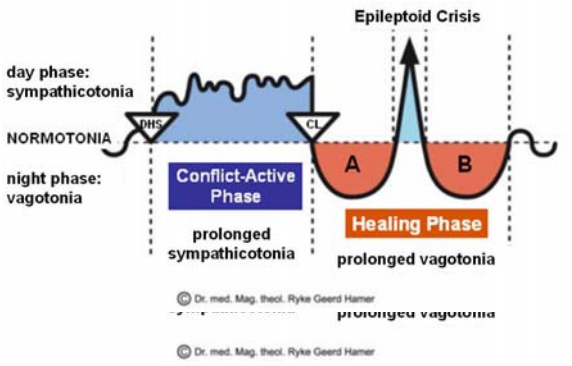
GNM Explanation: **Conjunctiva: "light" visual separation conflict (losing unexpectedly sight of somebody) as related to a partner** causing ulceration of the conjunctiva during the **Conflict Active Phase**. During **Phase A of Healing,** the ulcerated area is replenished with symptoms of itchiness and swelling. The client is currently already in the healing phase and will need to identify the original conflict in order to complete the Biological Special Program (SBS) and avoid any relapses by setting on tracks.

GNM Understanding: The client understood the explanation and recognized that her conflict is related to an incident when she picked up her son from Kindergarten. That day, she was a few minutes late and her son was not in the classroom when she arrived. She reports that another Kindergarten teacher approached her and when she asked for her son, was told by the teacher that someone had already picked him up. The client states that the teacher now became really nervous and panicked and left her outside the door to wait while she went to see what happened **(her DHS)**. She indicates that it was the longest 5 minutes of her life. When the teacher returned the client was told that her son was in the office waiting and that she had made a mistake. The client, being familiar with GNM, wondered how she was going to be affected by the shock. She states that a few hours later her left eye became red and itchy. She understood that the "visual separation" was related to the teacher who just disappeared after saying her son was taken home by someone else. She recognized that she was in the healing phase and decided to just let the Biological Special Program (SBS) run its course.

Results: The client reported on a follow-up that her eye symptoms resolved the next day.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 13



DATE: February 2011

CLIENT: 30 year old left-handed female

Subjective Complaint: **Headaches, light-headedness, heaviness around the eyes and mental cloudiness with left neck pain**. Client reports that the symptoms started in February 2009. She states that she had a CT scan and blood work done in March 2009 which were normal. She indicates that she was pregnant in June 2009 and throughout her pregnancy she had the lightheadedness and neck pain, which prompted her to see several health practitioners which did not really help. She reports that the symptoms are constant with maybe one good day every 2 weeks. She admits that the neck symptoms started on the left side but is now on both sides and at the base of the skull.

Observation: She presented with full neck range of motion, but complained of neck pain at end range. Palpation of her neck muscles revealed some tenderness on both sides.

Organs Affected: **Muscles of neck** Embryonic Germ Layer: new mesoderm
Brain Control Center: cerebral medulla

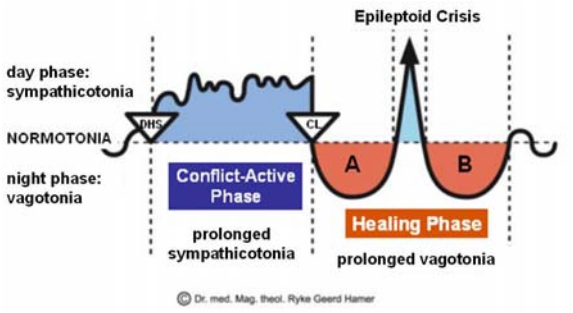
GNM Explanation: **Medium Intellectual Self-Devaluation conflict in relation to a partner** causing muscle tissue loss (necrosis) of striated musculature on the neck. She is currently in Phase A of healing with pain (on organ level), and lightheadedness, headaches, heaviness around the eyes and mental cloudiness (on brain level due to swelling at the brain control center for the neck muscles). However, she is also in **hanging healing** and her **tracks** must be identified in order for the Biological Special Program (SBS) to complete the healing. The meaning of this Biological Special Program (SBS) is to strengthen the musculature to better handle future strains and self-devaluation conflicts of this nature.

GNM Understanding: After discussing the conflict involved, the client mentioned that on her own volition, she was helping out and assisting a new co-worker in her office. However, in January 2009, the client indicated that her co-worker's attitude and behavior had changed, often appearing resentful and bitter to her and other co-workers. The client was upset about this change in attitude and decided she was no longer going to go out of her way to help her out. She recalls that there was one incident when she was home from work, where she was told by another co-worker that the co-worker whom she used to help out would go into her office and look through her work **(her DHS).** The client reported how she was upset by the several incidents that occurred since January regarding her co-worker but decided not to confront her about it. The client reports that she had a sinus infection in February 2009 and that since then she has had her neck pain, headaches, heaviness around the eyes and lightheadedness. The client states that she was away on maternity leave for the next year (since March 2010). However, her symptoms remained constant throughout her pregnancy. When asked about her potential tracks, she indicated that she would often check her e-mails while at home and that she would keep in touch with fellow workers, who would keep her up to date with what was happening at the office (**her tracks**). She pointed out that the co-worker in question is no longer working at the same office. The client also reports that she is planning to return back to work in the next few weeks and is worried at how her body may react to her work environment.

Results: The client understood the relationship and was determined to emotionally resolve the conflict and let go of the past. Upon a follow-up visit one week later, she reported not having any symptoms for 5 days until Wednesday night when she checked her e-mail (a track). She reports waking up on Thursday morning with headaches, neck pain and lightheadedness. During our third visit one week later, she reported having no symptoms for 4 days until getting symptoms of heaviness around her head and eyes for the next 3 days. When asked about what happened on those days, she mentioned on one day running into a co-worker at the grocery store, on the other day checking her e-mail, and on the third day having to call her supervisor to arrange her return to work (her tracks). However, she admits that the symptoms were less severe as she no longer had headaches or neck pain. The client was reminded to also be patient with herself as she works through the resolution of the conflict and the identification of her tracks, because she could create her own "intellectual self-devaluation conflict" of "why am I not better already", which would prolong the symptoms. During a follow-up appointment two weeks later, after her first full week of returning to work, the client reported very little symptoms and admitted that she was feeling 80-85% better. General balancing techniques and gentle soft tissue techniques were applied upon each visit to help make her more comfortable during phase A of healing. On her sixth visit, the client reported no headaches or neck pain and admits to feeling only slight fatigue and lightheadedness, with no major flare-ups of symptoms.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 14



DATE: May 20, 2011

PATIENT: 47 year-old left-handed male

Subjective Complaint: The client came in on a regularly scheduled maintenance visit when he reported that 3 weeks ago, days before a vacation he suddenly presented with severe symptoms of **fever, persistent cough with phlegm and sputum, night sweats and chills**. He reported feeling really "sick" and that he took antibiotics "in order to feel okay for his vacation". He indicates that he felt better into the vacation and was able to enjoy time with his family. Unfortunately a few days after returning home he reports that the symptoms returned.

Observation: He presented with a mild cough and slight congestion of his sinuses.

Organs Affected: **Lung alveoli:** Embryonic Germ Layer: endoderm

Brain Control Centre: brainstem

GNM Explanation: **Persistent cough with phlegm/ sputum, night sweats, fever: death-fright conflict** causing proliferation of lung alveoli cells, which increases the capacity of the lungs so more oxygen can be processed. The client is currently in **Phase A of healing with potential tracks** which reactivated his symptoms more recently. He will need to identify the original conflict as well as the associated tracks in order to complete the Biological Special Program (SBS).

GNM Understanding: The client understood the explanation and we were aware of his conflict that occurred approximately 9 months ago. Unfortunately, he was unable to recall the connection when he first presented with the symptoms. Here are the details of his story: approximately 9 months ago, in August 2010, the client came into our office for his monthly maintenance visit. He reported at that time he was still pretty shaken up from events that happened just the day before he came to the office. He indicated that he was driving on the highway during rush hour with a friend/colleague on the way to work from a coffee shop, when his friend had a heart attack in his truck. He reports that he pulled the truck off to the side of the road and flagged down anyone to help. Fortunately an off-duty fire fighter stopped and called 911. However, during this time his friend was going in and out of consciousness and eventually stopped breathing and lay slumped inside his truck. He recalls "pounding" on his friend's chest a few times and that after one particular hit, his friend slowly began to cough and breathe and regain consciousness, but was very confused and disoriented. He states that the paramedics took longer to arrive because of the rush hour on a major highway, but his friend was eventually taken to hospital and was stable. The client was visibly in shock **(his DHS).**

He recalls not being able to function properly that day and had to take the day off of work to clear his head as he kept reviewing the incident in his mind. We addressed the fact that he needed to **downgrade** the conflict and to talk about it and eventually to talk to his friend to make sure he was okay. The client was also prepared for the potential symptoms that may present once his body enters the healing phase, that is, when the conflict is completely resolved for him. We saw the client every 4-6 weeks since the incident, always asking where things were regarding his friend and if he had begun to experience any of the healing symptoms we had discussed. However, despite visiting his friend in the hospital and eventually at his home and knowing that he was okay, the conflict did not completely resolve for him until 3 weeks ago before his vacation. He recalls now that prior to feeling his first coughing symptoms and generalized "sickness", he met with his friend for lunch. He also remembers his friend mentioning to him that it was the first time they had been together in his truck since the heart attack 9 months ago! This no doubt completed the Biological Special Program (SBS) for our client and put him instantly in **Phase A of healing**. Unfortunately, he was not able to make the connection at the time and the antibiotics interrupted the healing phase, which temporarily made the symptoms go away. Upon his return he indicated that he met up with his friend again for lunch **(track)**, which caused the symptoms to resurface again.

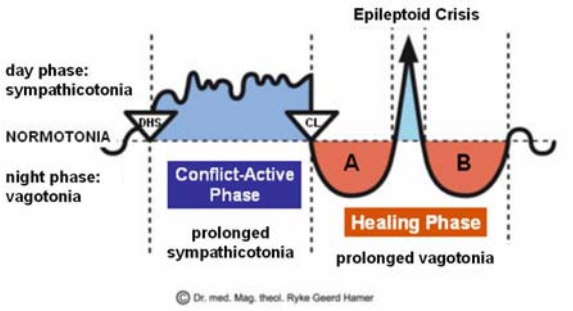
Results: The client understood the explanation for his symptoms and indicated that he is now able to put the whole incident behind him in order to complete the SBS. He was also reminded to be aware of any other potential tracks, such as the coffee shop they visited etc. and to make the connection to the original incident 9 months ago in order to avoid chronic or recurring symptoms. General balancing techniques and sinus drainage was performed to help him feel comfortable as he completed the SBS.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 15

DATE: March 23, 2011

CLIENT: 38 year-old right-handed male



Subjective Complaint: Diagnosed with an **enlarged prostate; prostatitis** since June 2008 and has been on medications since. His symptoms include frequent urgency to urinate with dribbling. The client reports that he has had all the diagnostic tests done including blood work and an ultrasound. He indicates that he is taking medications but still complains of the dribbling and constant urgency to go to the bathroom which sometimes is so bad he is not able to leave home. As a side note, the client reports that his feet are always cold especially when he is under stress.

Observation: No visible symptoms of infection; full range of movement in his lumbar and cervical spines. He did not report any urgency during the initial consultation.

Organs Affected: **Prostate:** Embryonic Germ Layer: endoderm

Brain Control Centre: brainstem

GNM Explanation: **Enlarged prostate: procreation conflict, mating conflict, rivalry conflict, gender conflict** causing proliferation of prostate gland cells resulting in an enlargement of the prostate, which can affect urine flow if pressing on the urethra. The client is currently on **tracks** which reactivate his symptoms causing a **hanging healing** situation for the past 2 ½ years. He will need to identify the original conflict as well as the associated tracks in order to complete the Biological Special Program (SBS).

GNM Understanding: The client understood the explanation and recognized that his conflict is associated with his boss at work who is a very dominant female ("gender conflict"). He reports that he began working for the company 2 ½ years ago and that during his first week on the job as a supervisor, his boss took him aside to discuss the reasons why the previous supervisor was let go. She mentioned that the past supervisor was not able to 'distance' himself from the employees and was not assertive enough as a supervisor. The client recalls feeling stressed about the conversation **(his DHS)**, and admits he often would recall her words when he was addressing some of his employees. He felt he had to exert assertiveness and dominant characteristics which were not necessarily things that he felt he originally had to do as he was confident in his ability to deal with people. He was recommended to make the connection regarding his enlarged prostate and his need to be more dominant at work around his employees. He was also asked to become more aware of when his symptoms were more prominent and to connect the symptoms to the original DHS.

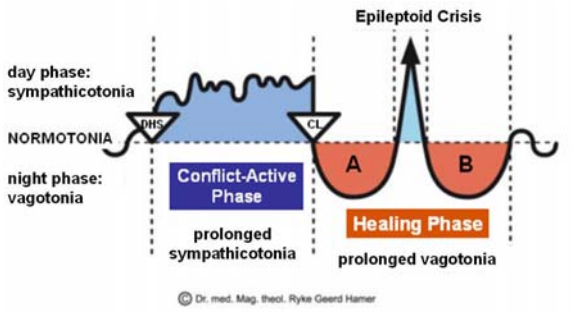
Results: Upon a follow-up visit 3 weeks later, the client reported that he went on vacation for 8 days, the first time since he started working for the company. He admitted that while on vacation, he felt 90% better with very little symptoms, if any. He states that when he returned to work on the Monday, his symptoms returned **(his tracks)**. He admits that he was now convinced that the enlarged prostate is related to the conversation with his boss and the conflict we discussed. He was inspired to now work on letting go of any need to be assertive and dominant at work and admitted that he has established a good relationship with his staff. After his fourth visit he reported that an ultrasound recently showed that his prostate was normal in size. After his sixth visit he reports that the urgency to urinate has improved significantly every week and that he feels he has more than 70% improved, with only some slight dribbling still occurring. He was encouraged to do Kegel exercises to help strengthen his bladder musculature and to help him gain better control over his urination. During his eight visit, he reported feeling 90% improved with very little symptoms. He was encouraged to continue to remind himself of the original conflict and that he can let it go and move forward until his symptoms can completely resolve and the SBS be completed.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 16

DATE: July, 2011

PATIENT: 39 year old right-handed male



Subjective Complaint: Client presented with **bilateral hip pain only while playing soccer**. He reports that the symptoms began in November 2010 during a soccer game and has not gone away since. He admits that he has no pain at all with any other activity, as he plays golf and volleyball with no hip pain. He reports that the hip pain has been so bad that he has not played any soccer for the past few weeks. He also reports having done other therapies for 3 months with no effect, which led him to visit our office.

Observation: Client was observed to have pain-free full range of motion in both hips, knees and ankles. His low back range of motion was also within normal range and pain free. Mild tenderness to palpation of both sacro-iliac joints but otherwise all hip integrity tests were negative for pain and unremarkable.

Organs Affected: **Muscles, tendons and hip joints:** Embryonic Germ Layer: new mesoderm

Brain Control Centre: cerebral medulla

GNM Explanation: **Hip joint: self-devaluation conflict regarding bearing the weight, "too much to carry"** causing necrosis of striated musculature on the hips. The meaning of this Biological Special Program (SBS) is to strengthen the musculature to improve performance and be better able to "bear the weight" of the problem. The client is currently in a **Hanging Healing** with playing soccer as one of his **tracks**. He will need to identify the original conflict (DHS) in order to complete the Biological Special Program (SBS) and to be relieved from his hip pain.

GNM Understanding: The client understood the explanation and recognized that his conflict was related to the fact that he decided to renovate his home last fall, 2010. He reports that he hired carpenters who did not know what they were doing and delayed the home renovation project by almost 2 months. The client admits that he felt stressed about the delays and also felt responsible for making the wrong choice regarding carpenters **(his DHS)**. He also reports feeling more pressure as it was nearing winter and his family became worried as the home was not fully insulated due to the renovations. He believes that during that stressful time, his main outlet was to play soccer once or twice a week to relieve his stress. He was told that it was during one of these soccer games that his body went into **Phase A of Healing** temporarily and his hip pain presented. The client was made aware that he would have to now associate the hip pain with the stress over the house renovations and the bad carpenters, and to disassociate it with playing soccer. Full spine adjustments, muscle work, mobilizations and general body balancing were performed to help him maintain proper structural integrity leading up to his soccer game. He was also asked to remind himself before a game that it was now "safe" to play soccer again.

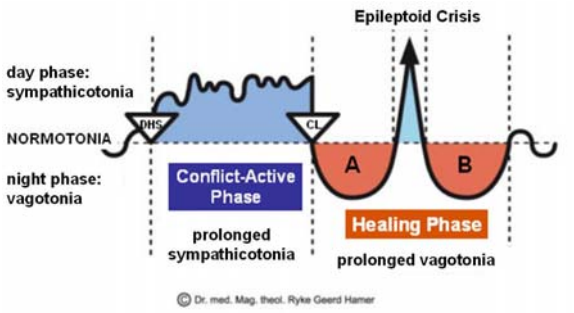
Results: The client reported on a follow-up visit less than two weeks later that his hip pain has greatly improved. He states that he was able to play the whole soccer game after our session with only some mild soreness afterwards. He admits that a few days later he was able to play a second full game with no pain whatsoever. He reports that he is amazed that the hip feels 90% improved after only one visit. He also indicated that the home renovations should be completed in the next few weeks.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 17

DATE: May, 2011

PATIENT: 49 year-old right-handed female



Subjective Complaint: Client presented with a **sore throat, persistent cough with phlegm, slight fever and general fatigue.** She reports that the symptoms began five days ago and 3 days ago she was diagnosed in a walk-in clinic with **bronchitis** and given antibiotics.

Observation: Client was observed to be lethargic, fatigued and with a slight temperature. She also presented with a "phlegmy" cough coming from her chest.

Organs Affected: **Bronchial Mucosa:** Embryonic Germ Layer: ectoderm

Brain Control Centre: right temporal lobe (sensory cortex)

Upper 2/3 of Esophagus: Embryonic Germ Layer: ectoderm

Brain Control Centre: cerebral cortex

GNM Explanation: **Bronchial Mucosa: Territorial scare-fright conflict (fear within the domain)** causing ulceration of the bronchial mucosa during the **Conflict Active Phase**. The biological purpose of the ulceration is to widen the bronchus allowing more oxygen intake, which provides the organism with more energy to avert the danger within the domain. During **Phase A of Healing,** the ulcerated area is replenished with painful swelling also present. **Upper 2/3 of esophagus/ sore throat** is related to a **conflict of not wanting to "swallow" or accept a "morsel" (situation or event).** The client is currently already in the healing phase and will need to identify the original conflict (DHS) in order to complete the Biological Special Program (SBS) and avoid any relapses with tracks.

GNM Understanding: The client understood the explanation and recognized that her conflict was related to her new work place (= her domain), which she has only started one month ago. She recalls that about 2 weeks ago, her boss was yelling and humiliating a co-worker who made an error at work. She reports that in the short time she was working for the company, she had never seen that side of her boss before and was shocked at how he handled the situation **(her DHS)**. She reports that she had become very nervous at work since that incident, especially after seeing how her boss treated someone who made a mistake. She states that she felt that she was tip-toeing at work, worried that she may "rub her boss the wrong way". The client reports that 5 days ago, her boss pulled her aside to tell her how happy he was with her work and how he was going to reward her with more hours. She states that she understood this gesture as being in her boss' "good side" – which was the resolution of her "territorial scare conflict". She recalls that that day she felt general fatigue and had a sore throat; she had to leave work early and was barely able to drive home. That night she had a severe cough and fever and was bedridden for the next 3 days with bronchitis. The client understood the GNM explanation and was glad she was in healing.

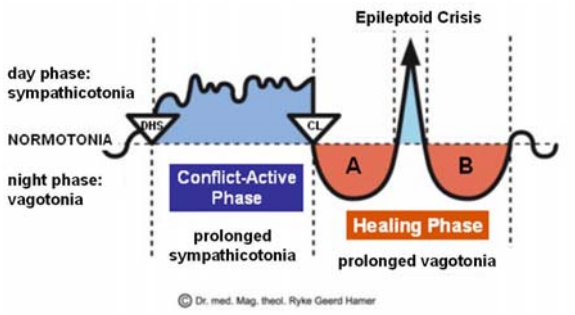
Results: The client was encouraged to make the emotional connection of her symptoms to the week of fear she had at work and witnessing her co-worker being yelled at which was hard to accept or swallow. She was also reminded that she was now in the process of finishing the SBS program. General balancing techniques, spinal alignments and chest percussions were done to help give her some relief. After getting in touch with the client a week later, she reported that her symptoms resolved completely within 3 days after our visit.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 18

DATE: April 5, 2011

PATIENT: 35 year-old right-handed female



Subjective Complaint: **Itchiness on the outside of both of her arms and the front of both legs**, but only after taking a shower. She reports that the itchiness lingers for about 20 minutes but with no visible rash. She reports that it has been so bad that on occasion she has had to use vinegar to help give her relief. She indicates that the symptoms began about 9 years ago and is constantly there after a shower even if showering at her mother's or sister's house. However, she reports only a mild decrease in the symptoms when she is on vacation. She states that she has changed her lotions and soaps and filtered the water in her home all to no avail. She also indicates that she was told by her doctor to take Benadryl for her symptoms.

Observation: No visible rash was observed during the visit. The client otherwise had no other physical complaints.

Organs Affected: **Epidermis (outer skin):** Embryonic Germ Layer: ectoderm

Brain Control Centre: sensory cortex

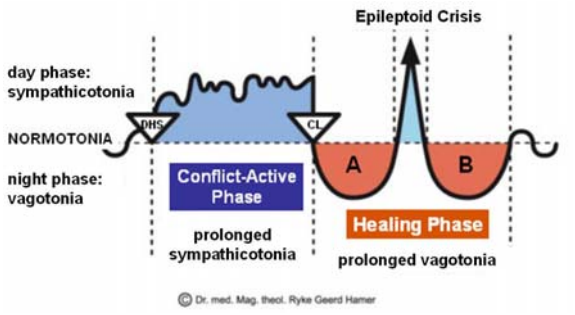
GNM Explanation: **Epidermis: separation conflict; unexpected, sudden loss of physical contact or wanting to separate** causing ulceration of the skin during the Conflict Active Phase and itchiness when the ulcerated skin area is replenished during Phase A of Healing. The outer side of the arms and legs indicate "wanting to separate" from a person. The client is currently on a **"shower track"** which reactivates her symptoms causing a **Hanging Healing** situation for the past 9 years. She will need to identify the original conflict (DHS) as well as any other associated tracks in order to complete the Biological Special Program (SBS).

GNM Understanding: The client understood the explanation and recognized her conflict was related to "wanting to get away" from her first husband whom she was in the process of divorcing 9 years ago after he had left the family and then thought he could come back into their lives one year later **(her DHS).** She indicates that the shower was significant because during the separation process, she would often put on a brave face during the day in front of her young children. However, in the evening, when her children were asleep, she would often take showers and it was in the shower that she felt safe enough to fully express her emotions and cry. She was encouraged to make the mental connection that the reason for her itchiness is because she is on a track regarding the showers and her separation from her first husband.

Results: Upon a follow-up visit 2 weeks later, the client reported that she had 2 mild episodes of itchiness after showers and that she had one really bad day where the itchiness was like before. Otherwise she had no other symptoms of itchiness the rest of the days. She was able to relate the bad day to a day that her ex-husband wanted to see the children but she told him it was not a good day for them. Upon another follow-up two weeks later she continues to report improvement with occasional exceptions of itchiness after showering, but nowhere near where she was prior to our consultation. She was encouraged to continue to watch for tracks of when the symptoms reappear and was also asked to make a new association with showering, that it was no longer a place for her to express her emotions regarding the divorce. She was reminded that a new association regarding her first husband is also needed as he continues to be part of her children's lives. Therefore, our client was encouraged to be patient with her symptoms which may linger until she is able to completely resolve the past relationship and move forward. During a third visit, the client reported that she now only occasionally gets mild itchiness after showering and that she feels as if it is no longer an issue. She also admits to paying attention as to when the symptoms appear and how it often involves coming into contact with her ex-husband or his family.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 19



DATE: January, 2011

PATIENT: 31 year old left-handed male

Subjective Complaint: Client presented with **chronic indigestion and heartburn for the past 5 years**. He reports that he is not sure what foods trigger the symptoms but that he had to take medication multiple times a day everyday for the past 5 years to get relief. He does admit that the symptoms seem to be worse during the day while at work.

Observation: Client presented with full range of motion in his cervical, thoracic and lumbar regions with muscle tightness in his neck, low back and upper back regions.

Organs Affected: **Lining of the stomach:** Embryonic Germ Layer: ectoderm

Brain Control Centre: post-sensory cortex

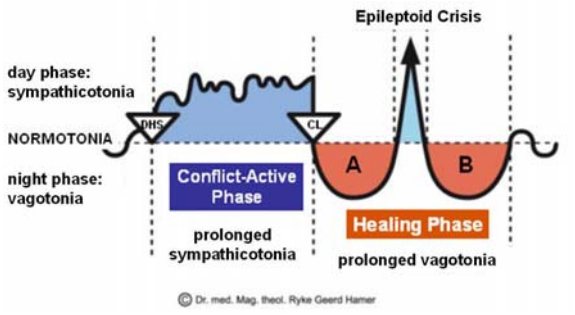
GNM Explanation: **Lining of the stomach: territorial anger conflict** with ulceration during the **Conflict Active Phase** causing the pain. The client is currently in a **Hanging Conflict** with being at work as one of his **tracks**. He will need to identify the original conflict (DHS) in order to go into Healing Phase of the Biological Special Program (SBS).

GNM Understanding: The client understood the explanation and recognized that his conflict started when he began working for his current company 5 years ago. He states that the "territorial anger" at work was specifically with regards to his boss. He reports that although he has not been directly criticized by his boss, he has witnessed several occasions where his boss was not acting professionally when communicating with some of his other co-workers. The client felt that his boss was not treating his employees in a respectful way and that it created an environment of resentment and anger. The client was made aware about the relation between his indigestion/heart burn and the anger at work, specifically his boss' behaviour, and to disassociate the symptoms with certain foods or coffee. Full spine adjustments, muscle work and general body balancing were performed to help give some relief. He was also asked to remind himself before going to work to let go of any anger and resentment towards his boss, and to say to himself that it was now "safe" to be at work again.

Results: The client reported that once he made the emotional connection to his boss, his symptoms reduced significantly. However, during a business trip with other executives of the company including his boss, his symptoms returned for the full 5 days. After the trip he was able to continue to work on letting go of the anger at work. After his 8th visit, the client reported that he no longer has any indigestion or heartburn whatsoever. He also admits that he has not taken any medication for months. He states that he decided to change his perspective regarding work and that he was no longer going to be affected by his boss and co-workers.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 20



DATE: May, 2011

PATIENT: 13 year-old right-handed female

Subjective Complaint: Client presented with **a cough and hoarseness of her voice** with no fever. She reports that the symptoms began about 5 days ago on Monday night.

Observation: Client was observed to have a mild cough with no difficulty breathing and with hoarseness of her voice. She did not present with a fever.

Organs Affected: **Laryngeal Mucosa:** Embryonic Germ Layer: ectoderm

Brain Control Centre: sensory cortex

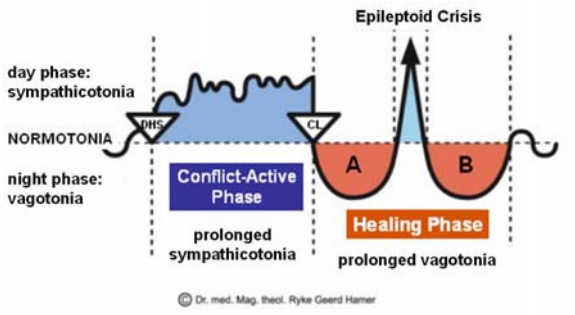
GNM Explanation: **Laryngeal Mucosa: a scare-fright conflict** triggered by unexpected danger causing ulceration of the laryngeal mucosa during the **Conflict Active Phase**. During **Phase A of Healing,** the ulcerated area is replenished with acute swelling and coughing. The client is currently already in the healing phase and will need to identify the original conflict (DHS) in order to complete the Biological Special Program (SBS) and avoid any relapses through tracks.

GNM Understanding: The client understood the explanation and recognized that her conflict was related to an announcement last Friday in her dance class. She reports that a girl on her dance team injured her foot and would not be available for their performance on Monday and Wednesday. The client states that the whole team had to change their routine unexpectedly and with only one practice before the performance **(her DHS)**. It was explained to her that after the performance went well on Monday, she must have felt better about the routine and went into healing. It was also noted that she may have been in a **Hanging Healing** until Wednesday night which was the last day of the performance. The client understood that she was already in the healing phase and that once she associated the throat symptoms to the “dance conflict”, the SBS program would be completed and her symptoms will slowly subside.

Results: The client reported on a follow-up that she was symptom-free within a couple of days from her visit.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 21



DATE: December 2011

CLIENT: 11 year old right-handed male

Subjective Complaint: Client presented with bilateral heel pain which is worse when he gets up in the morning or anytime he gets up from sitting for long periods like getting out of the car. He rates the pain as a 7-8/10. He reports that the pain started around April or May 2011. He reports that he was diagnosed with enthesitis, which is “an inflammation of the tendon and ligament insertion into the bone occasionally causing fibrosis or calcification". He was given Naproxen for his pain but decided to stop taking it due to the side effects he experienced. He was told he may have to live with the pain.

Observation: All orthopedic tests performed were unremarkable with the exception of heel pain with walking on his heels. He also had tenderness to palpation of both heels at the Achilles insertion. However, there was no swelling or inflammation of the Achilles insertion evident.

Organs Affected: **Achilles tendon insertion of both feet**
Embryonic Germ Layer: new mesoderm
Brain Control Center: cerebral medulla

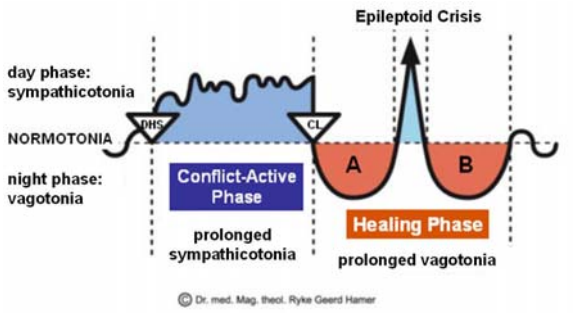
GNM Explanation: **Achilles tendon of both feet: light self-devaluation conflict regarding his performance ("unable to keep up", "not fast enough", "can't perform like he used to")** causing necrosis of the tendons during the **Conflict Active Phase**. During the **Healing Phase** there is refilling of the necrosis which is often painful. The biological meaning is to strengthen the tendons in order to perform the task better than before. The client is currently in a **Hanging Healing**. He will need to revisit the original conflict and identify his **tracks** in order to move on from **Phase A of Healing** and complete the SBS-Program.

GNM Understanding: The client understood the explanation and recognized that his conflict is related to hockey. He indicated that in previous years he was playing AA hockey and was often called up to play AAA hockey which was the highest level he could play in. However, he tried out last season for a team and didn't make the cut. He was actually demoted to the A level and was told that he just wasn't aggressive enough to compete at the higher levels (**his DHS**). He eventually left hockey altogether and by last spring decided to compete in go-kart racing. He reports that he did very well as a novice racer and by last April/May he moved up to the most competitive division, which resolved his light performance conflict. He is currently in a **Hanging Healing** as he may now be putting on extra pressure on himself to perform well at the highest level of go-karting. He will need to relate his heel pain to his past performance in hockey and will have to work on observing his current tracks in order to complete the SBS program. It will also be beneficial for him to understand that once he is able to acknowledge and move on from his past hockey career, his heel pain should slowly disappear.

Results: During a follow-up visit one week later, the client reported a significant improvement with his heel pain. He indicated that he has had only mild heel pain when he got up from sitting after playing a hockey video game. Otherwise he reported no pain when getting up in the morning. A second follow-up two weeks later indicated that he was now symptom free with regards to his heel pain. About one month later, his mother was in the office and she mentioned that he no longer has any heel pain and has been competing at a high level with his go-karting.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 22



DATE: December 2011

CLIENT: 12 year old right-handed female

Subjective Complaint: Client presented with "really bad allergies" consisting of sneezing, constant runny nose, itchy eyes affecting her ability to sleep well at night. She indicates that the symptoms started around Grade 1 (6 years old) and that they are worse around the Fall and Spring, but particularly August and September. She admits that the sneezing is really bad in the morning and that at night she has to blow her nose a lot which interrupts her sleep. She states that during the winter months her symptoms seem to be better. She was told that she had seasonal allergies.

Observation: Client presented with a runny nose and occasional sneezing. She had full spine joint restrictions and some tightness in her neck and upper back muscles.

Organs Affected: **Nasal membrane and sinuses**
Embryonic Germ Layer: ectoderm
Brain Control Center: cerebral cortex
Conjunctiva (clear membrane covers the white part of the eyes/ eyelids)
Embryonic Germ Layer: ectoderm
Brain Control Center: cerebral cortex (sensory cortex)
Kidney Collecting Tubules
Embryonic Germ Layer: endoderm
Brain Control Center: brainstem

GNM Explanation: **Nasal membrane and sinuses: stink-conflict, "this stinks"** causing ulcerations of the nasal mucosa during the Conflict Active Phase and swelling of the nose and sinuses during the Healing Phase. **Conjunctiva: "light" visual separation conflict; losing unexpectedly sight of somebody** causing swelling and redness of the conjunctiva during the **Healing Phase**. The **Kidney Collecting Tubules** relate biologically to an **existence or abandonment conflict,** causing water retention, particularly in the area that is healing at the time (here the nose, sinuses and eyes). The client is currently on **tracks** which trigger her symptoms and is in a **Hanging Healing**. She will need to revisit the original conflict and identify her **tracks** in order to move on from **Phase A of Healing** and complete the SBS-Program.

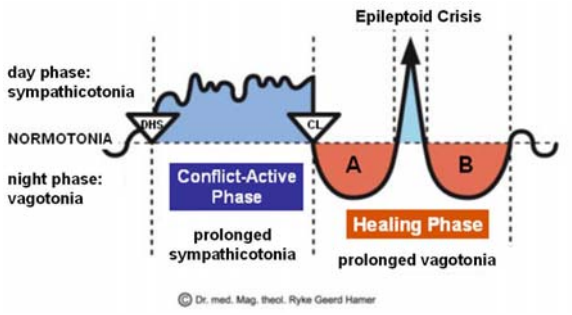
GNM Understanding: The client understood the explanation and recognized that her conflict is related to her having to move to a new school in Grade 1 (**her DHS**). She recalls being upset at not seeing her best friend anymore which explains her visual separation conflict. She also indicated that once in the new school she experienced bullying which she was "fed up with and which "stunk" causing the SBS related to her nasal membrane and sinuses. She reports that she then moved to another school for Grade 2 and that she again began to experience some bullying there. Therefore, she is currently in a **Hanging Healing**, with **tracks** associated to the start of the school year. She may have also have **tracks** related to environmental sources such as pollen, ragweed etc. which she was told she was "allergic" to. It is now important for her to make the connection between her symptoms and the conflicts related to the unexpected changes in her life in Grade 1. It was also recommended that she watch for **tracks** that trigger her symptoms and to remind herself that it is safe for her to breathe in the outdoor air regardless of the season.

Results: A follow up phone call with her mother two weeks later revealed that she is no longer having any sneezing fits in the morning and that she is also sleeping better at night because she no longer has to blow her nose constantly. Her mom believes she is about 80% improved with only occasional sneezing in the afternoon, but when she starts to sneeze she is looking out for what may have triggered the symptoms.

Another visit 4 months later revealed no allergy symptoms at all. It was recommended that she continue to watch for tracks especially as the Spring season comes around.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 23



DATE: November 2011

CLIENT: 44 year old right-handed female

Subjective Complaint: Client called the office for a phone consultation in May 2011. She reported that she had pain in her left heel since July 2010 which was diagnosed as heel spurs. She indicated that the left foot was so painful it caused her to limp. She stated that the pain was worse in the morning and by the end of the day she would be limping with severe pain in the left heel. She was very concerned as she was about to leave in a few days to go to New York City for a business trip and she knew her trip would involve being on her feet for long hours at a time. She did not think she would be able to tolerate the trip because of the pain.

Organs Affected: **Left heel (heel spurs)** Embryonic Germ Layer: new mesoderm
Brain Control Center: cerebral medulla

GNM Explanation: **Left heel spurs: self-devaluation conflict regarding her performance ("can't keep up") with regards to a mother/ child"**-related conflict (since she is right-handed), causing bone decalcification during the **Conflict Active Phase**. The biological purpose of this Biological Special Program (SBS) is to strengthen the heel to improve performance. During the **Healing Phase** there is recalcification with swelling which causes the “heel spurs”-pain. The client is currently in a **Hanging Healing** as she indicates having had heel pain for almost 10 months. Her original conflict must be identified and brought to her awareness in order for the SBS-Program to be completed.

GNM Understanding: The client recognized that her conflict must be related to her business (which she sees as her "baby") and the stress around changes in her managerial personnel. She reported that before she began to have heel pain, her manager left the business. She was then forced to take over his position until she found a replacement. However, as she began do his tasks she was surprised at how many things he implemented for the business and how many duties he actually performed that she was unaware of (**her DHS**). She realized how much he actually did for the company and felt completely unsuited to keeping up with a lot of the projects that he initiated. She felt she was not capable of “performing" her former manager's tasks to the same level as he did. She began to feel extra pressure of doing his job and her other responsibilities including taking care of her family. She felt overwhelmed and that she "could not keep up", which led to the changes in her left heel as her body attempted to strengthen the heel in order to help her perform better. She was recommended to make the connection between her heel pain and her business stress affecting her ability to keep up with all her new responsibilities. She was asked to also work on delegating and coming to terms with her temporary new role until a suitable replacement was hired.

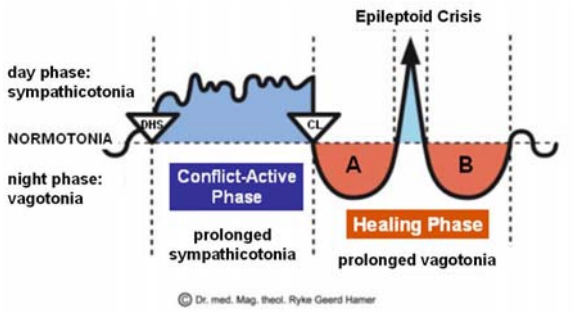
Results: After the phone consultation we did not hear from her until 6 months later. She reported that after our consult, she was able to see an 85 % improvement in her heel pain. She admits that she had no problems with her heel whatsoever on her trip to New York as she constantly repeated to herself that it was "safe for her to walk" as the heel pain was because of her business stress. She only reported feeling generalized achiness in her feet from all the walking but nowhere near what she thought she would feel considering her heel spurs. After a second follow up a few weeks later, she indicates that she no longer even thinks about the left heel as she has not had any pain worth mentioning. She states that she has come to terms with her new responsibilities at work and that she has given more tasks to other staff. She admits it feels about 90% improved.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

CASE STUDY # 24

DATE: November 2010

CLIENT: 11 year old right-handed female



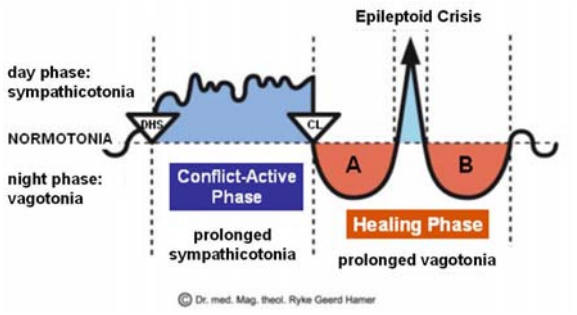
Subjective Complaint: The client presented with no complaints on this visit but wanted a GNM explanation about a stomach flu outbreak at her school after the Halloween Dance. She reported that she had diarrhea, vomiting and a fever two weeks ago and that several children in her school presented with similar symptoms which all began the day after the Halloween dance. She reports that they were told there was a stomach flu outbreak in the school which may have originated at the dance. However, she did not attend the Halloween dance but was ill with symptoms for about one week.

Organs Affected during her stomach flu: **Small curvature of her stomach (mucosa)**
Embryonic Germ Layer: ectoderm
Brain Control Centre: cerebral cortex (right temporal lobe)
Small Intestine
Embryonic Germ Layer: endoderm
Brain Control Centre: brainstem

GNM Explanation: **stomach mucosa: territorial anger conflict;** ulcerative widening of the small curvature of the stomach during **Conflict Active Phase** with pain; during the **Healing Phase,** an upset stomach and vomiting attacks. **Small intestine**: **indigestible morsel conflict** with cell proliferation during the **Conflict Active Phase** (no pain); with the resolution of the conflict the additional cells are removed, causing diarrhea during the **Healing Phase**.

GNM Understanding: The client understood the explanation and recognized that both the territorial anger and the “indigestible morsel” related to her school-territory and to a new principal whom she claims "nobody likes because he is mean and has too many new rules". She indicates that new rules were passed regarding the Halloween dance (**the DHS**) which included the dance only being open to those in Grade 7 and 8. She reports that in the past the dance was open to the whole school. She also stated that those attending the dance had to pay $2 admission which they never did before and that there were many restrictions implemented regarding the type of costumes they were allowed to wear. Therefore it is evident that those children in the school who were upset by the 'new rules' regarding the Halloween dance would have been in the **Conflict Active Phase** leading up to the day of the dance. After the dance was finished, they ALL entered the **Healing Phase** and hence the symptoms (“flu outbreak”) on the weekend after the Friday night dance. It was important for the client to understand the conflict that had led to her symptoms in order to avoid any tracks, that is recurring stomach flu relapses in association with the new principal.

CASE STUDY # 25



DATE: July 2011

PATIENT: 84 year old right-handed male

Subjective Complaint: Client presented with **a loss of hearing in his right ear** for the past two weeks after a sinus infection which is now resolved. He reports that it has happened before in the past but that it came back after a few days.

Observation: Client was observed to have good movement and range of motion in his neck with minimal muscular tonicity. Auditory tests indicated that he did have difficulty hearing out of the right ear compared to the left.

Organs Affected: **Right inner ear:**
Embryonic Germ Layer: ectoderm
Brain Control Center: left tempero-basal region

GNM Explanation: **Right inner ear: hearing conflict; conflict of not wanting to hear something as it relates to his partner side.** Loss of hearing during **the Healing Phase.** The client will need to identify the original conflict in order to complete the Biological Special Program (SBS) and avoid any relapses due to tracks.

GNM Understanding: The client understood the explanation and recognized that his Hearing Conflict is related to his spouse telling him that he should not be cutting the grass anymore or doing any yard work and to leave it for their grandson to do (**his DHS**). However, he reports that he enjoys working outside and cutting the grass and feels that he is still very much capable physically to perform the tasks. He states that he is tired of everyone telling him what he should stop doing because he is getting older. He doesn't want to hear that just because he is aging, he can't do the things he enjoys and is capable of doing. It should be noted that his wife, daughter and son-in-law were all present during his appointment and they all agreed that they would no longer tell him to stop doing the things he enjoys doing especially outside in the yard.

Results: The client reported on a follow-up visit 10 days later that his hearing is 95% improved and that it is almost normal. On a second follow-up visit 2 weeks later, he reported that his hearing was back to normal.

For clarification of specific terms, please visit the glossary or site search feature in our GNM website

GNM

"The New Medicine a new Natural Science"
by Professor Dr. Hans Ulrich Niemitz

ADVANCED INSTITUTE OF TECHNOLOGY, ECONOMY AND CULTURE

Expert opinion on New Medicine by Prof. Dr. Hans-Ulrich Niemitz
Advanced Institute of Technology, Economy and Culture of Leipzig / General study.
Professional Field: History and Ethics of Technology and Natural Sciences.

August, 18th, 2003

Questions pertinent to the Study

In a letter dated July 23rd, 2003, Dr med. Mag. Ryke Geerd Hamer requested a "scientific response" to the three following questions:

1. Is it possible and permissible for a medicine (such as conventional medicine), which is based only on hypotheses, to declare itself "scientific" even though it has never been subjected to a single verification?
2. On the other hand, wouldn't it be permissible, and compulsory, to declare New Medicine "scientific" (since it is not based on any hypotheses) and "valid" (just by virtue of the 30 verification protocols presented), in conformity with today's best scientific knowledge?
3. In the field of the natural sciences, is it not normal practice to subject a theory to proof, and should this not have been done in the case of New Medicine?

Introduction

In substance, Dr Hamer is asking only two questions which I will answer in reference to cancer only, even though the New Medicine provides theory and explanation for all disease, psychoses and "spontaneous criminality". The two questions are:

(A) Is conventional medicine scientific and correct?
(B) Is the New Medicine scientific and correct?

With regard to (A), conventional medicine applies scientific methods (e.g. observation and statistics) but, because of its many hypotheses, or rather, unproven assumptions, it is neither a science (in fact, the mere use of scientific method does not qualify an activity to be a science or a person to be a scientist), nor a natural science. It does not have one hypothesis-free theory concerning the biological events taking place in the individual "sick person". Conventional medicine can only quote statistical survival chances to cancer patients; it tends to making empty therapeutic promises, heroic intervention ("lottery game") and experimental therapies. At the same time, spontaneous healing remains misunderstood.

On November the 12th, 2001, a little before the death of the Beatle George Harrison, the "Sunday Mail" published the following: "George Harrison is visibly better after radical radiation therapy in New York. The new controversial therapy has been defined by the physician himself as 'a lottery game'". Even one of the richest and most famous people could not find a cure for cancer that wasn't a lottery. How can this be explained? Only with the fact that official medicine is unable to offer any therapy that is not a game of chance.

Therefore, official medicine is not scientific, and not capable of understanding the course of “diseases”, and even less of comprehending spontaneous healing. Thus, it is not a science. It is not right, and therefore, according to the best available evidence, must be considered wrong.

Regarding question (B), the New Medicine has a theory, or rather a model, of the carcinogenic event, and of “illness” in general, that is scientific, free of hypotheses, and therefore demonstrable (i.e. capable of being denied; more reference to this further in this evaluation). New Medicine can, in any single case, in a provable way and without hypotheses (of course, after a precise anamnesis), scientifically explain the pathological event. Since this last one is predictable on the basis of the theory, it is possible to make therapeutic suggestions that are constructed scientifically for each individual case. (The complications that can arise during the therapy can be understood and planned for in the therapeutic approach. This must be stated because many newspapers and other media have accused Hamer of describing himself as a miraculous healer and of guaranteeing healing. One has to bear in mind that no physician in the world can foresee, and therefore prevent, the new conflict-shocks that cause cancer; but one can create a situation -- and Hamer does it for his patients -- in which new conflict-shocks are avoided.)

Therefore, the New Medicine is scientific and corresponds to precise criteria of natural science, and for this reason is the surest method to heal people afflicted by cancer.

In regard to question 1

Science

What science is or should be is not completely defined. The lexicon (Brockhaus Enzyklopaedie 2001) states: “Science…, the aggregate of human knowledge for an epoch…; a collection of findings regarding an area of knowledge interrelated in a fundamental way. … Science is a methodologically designated knowledge consisting of sentences interrelated in a fundamental sense, inter-subjectively communicable and testable, that satisfies particular scientific criteria (e.g. general validity, capable of systematizing). The uncertainty of the explanation shows itself in the circularity: science must follow scientific criteria. Nevertheless this is clear, regarding an area of knowledge “scientific” means the requirement that the knowledge consist (substantially and methodologically) of testable assertions (or “sentences”). Science generates testable assertions. An assertion or system of assertions can only be considered scientific if the assertion or assertions can be denied – technically speaking – can be tested to determine whether or not they are false. The exact natural sciences are called exact because they only make assertions that can in principle be experimentally falsified in any place or time (technically: can be tested for correctness). Not all natural sciences are based or can be based exclusively on experimentation. Biology, and consequently medicine, must support themselves to a great extent on the observation of “natural” events. When the circumstantial conditions for these observations are equivalent to those of current observations, the current observations can be used as if they were experimental observations.

Since, as a rule, conventional medicine cannot make potentially deniable assertions for the individual case, it seeks refuge in statistics. Because statistics is mathematics, it is itself scientific, but is not a natural science. (Moreover, the highest goal of the therapeutic art is betrayed because the scientific help required in the “individual case” is denied. Example: the traditional physician informs the patient regarding his or her statistical chances of survival, but this does not assist the patient in the least with knowledge on what could be done to heal.)

Hypotheses are not tested or even testable assertions. If one can only make assertions that cannot (yet or inherently) be proven false, one speaks of hypotheses. In the jargon, a hypothesis is really an assumption, and basically, in the theory of science, it is so as well, namely, an assertion whose truth value has not been established but it serves as assumption to build theory and prediction from (see Brockhaus Enziklopaedie, 2001). When Isaac Newton presented his theory of gravitation he was asked where gravitation came from. His reply: “I will not advance any hypotheses”. He meant that it was open

to anyone to test the postulates of the law of gravitation (in modern parlance, to try to disprove it), but that it was a different thing to explain gravitation. Since this had eluded him (he had been unable to formulate assertions that were possible to deny), he stated that it was up to the generations of scientists after him – which they have yet to achieve.

New Medicine, traditional medicine and (non) deniable assertions

Dr. Hamer states, in recognition of this understanding of the theory of science, that he postulates no hypotheses. His assertions are testable for any individual at any point in time, (and in every single case) for all cases of “cancer” and cancer-equivalent diagnoses. This means the possibility exists to deny his assertions in each and every individual case (i.e. to test it for correctness). On the other hand, the hypotheses of conventional medicine, e.g. there is an “immune system” is not a deniable assertion. No one has yet been in a position to observe it directly. The hypothesis that there is an immune system (the assumption that there is one) leads to the construction of theories and of predictions that lead to observable “facts” which are then considered proof. Yet, that these “facts” could prove other assertions (note that science can only recognize denial, but not evidence “truth”) is not considered. Conventional medicine does not recognize that the hypothesis “immune system” is absolutely not deniable, and therefore not a scientific assertion. Whether microbes can become active in the body because of the breakdown of the immune system (this is how conventional medicine sees it), it cannot predict the moment of activity and therefore substantiate it “logically”. At the same time, “logically” does not mean automatic, or in reality; fairy tales are also logical, otherwise one could not re-tell them; so at best, conventional medicine falls back on statistical assertions, or, microbes become active because of a command of the brain, specifically the organism, because a “special program” has been turned on (this is the view of the New Medicine – it can determine and predict the instant of the initiation of activity for each individual case and also substantiate it: it is the beginning of the second phase of the “special program: the New Medicine is equipped with a psycho-biological model of the organism and therefore has no requirement for statistics). So New Medicine makes potentially disprovable assertions regarding microbes and the initiation of their activity. Conventional medicine, on the other hand, cannot do this. Stated in jargon, one would have to say that conventional medicine delivers a hodge-podge set of pseudo-logical, unprovable, fairy-tale-like assertions (and is therefore unscientific); the New Medicine, on the other hand, offers a comprehensible structure of logical and disprovable (testable) assertions (and is therefore scientific).

The problem of “verification”
The first question states that conventional medicine is based exclusively on hypotheses and that there has never yet been a verification of its hypotheses. Is this true? One has to admit that it is even worse. It has to be recognized that conventional medicine cannot pronounce assertions that can be disproved (thereby losing its claim to be scientific). At the same time, “verification” – and it should be so, our treatment of question 3 will explain why this should be - in itself is impossible. Succinctly speaking, a “verification” means the recognition of a system of assertions (and the implicit model they represent) as true, real or acceptable and justification of the consequent application (in medicine this would mean the application of a therapeutic approach). “Verification” therefore is respectively an ethical, sociopolitical and ultimately a legal question.

Conclusion to question 1.
Conventional medicine cannot call itself scientific because it cannot pronounce deniable assertions or it ties itself beforehand in irresolvable contradictions. New Medicine is scientific because it is based on a psycho-biologic model that can generate assertions that can be disproved. Since no statement of the New Medicine has yet been disproved, one must therefore declare the New Medicine as more scientific than conventional medicine, which can only work statistically (i.e. incapable of making assertions regarding the individual case!). It should therefore be emphasized that conventional medicine is not a natural science, whether from a content or a methodological point of view.

Regarding question 2:
The answer is: yes, the New Medicine is correct. It is important to note – and this will be explained in the answer to question 3 – that this means regarding it as correct "according to the best available knowledge" (this is an ethical question). Specifically: the assertions of the New Medicine are fundamentally connected, they are inter-subjectively communicable and can be tested in every individual case, and i.e. it satisfies the criteria of natural science (e.g. general validity can be systematized, generates predictions, fundamentally valid and clarifying explanation of former events, deniability).

Conclusion regarding question 2:
Yes, the New Medicine is correct.

Regarding question 3:
In the case of question 3 one must reply with the question: adequate for what? For the confirmation of correctness? The answer to question 2 suffices for that (yes, the New Medicine is correct). Yet, in a strong scientific sense, the truth is that verifications are never sufficient. Therefore, from the purely natural scientific point of view the question is not answerable, since the decision as to whether a theory has been "verified" can never be finally established. Every theory has the character of a model; therefore no theory can be coextensive with reality. Were the latter the case, the theory would become reality and cease being a model. Should a theory not be disproved for a substantial length of time, and should the applications of the alternative competing theories (in this case therapies) consistently give worse results than the new theory, the new theory must be recognized. This is an issue of scientific and ethical wisdom, fairness and honesty. The new theory must be recognized as a clarification and it must be accepted in the application to practical problems, which means that the patients must be allowed to choose freely. For the case of the New Medicine this means that conventional medicine has to allow room for the New Medicine.

Note: what are the facts? Example: metastasis, fact or hypothesis?
Herewith a note on the oft ideological character of the "facts", specifically their "correctness": before the advent of the Copernican system, people regarded as a fact that the sun went down in the evening. The model of the earth as that of a floating disk in the middle of the world and the celestial bodies at the same time fastened onto a spherical crystalline surface which enveloped the earth and circled around it, allowed the system to be intelligible. Nowadays, almost everyone knows better, yet only because they are told a different story from childhood on. We still use the word "sundown", even though it does not correspond with the facts. The word continues to drag the old false model with itself, yet no one really minds because everyone knows what is really going on.

The concept of "metastasis" is such, that if the New Medicine becomes accepted, the word will disappear. As a fact, metastasis simply means a second cancer, i.e. a cancer in addition to the one that was already there. Conventional medicine, however, ties the word to the hypothesis that the first cancer somehow – through some kind of inner bodily contagion – causes the second one. The New Medicine does not belie the "second cancer" yet it states that there is no metastasis. It states that every second cancer is initiated by its own particular conflict. Tragically, these are mostly conflicts that can be explained by the diagnosis of cancer (animals seldom show metastases).

The suppositions that cancer spreads in the body through some sort of inner contagion is a hypothesis, i.e. assumption (yet in conventional medicine it has the status of fact). If this inner-bodily contagion existed, all blood transfusions ought to be prohibited on the basis of the danger of infection with cancer. Up to now there is no "cancer blood test", and there is no information available regarding injection of tumour markers to potential blood donors to test for cancer. This demonstrates that conventional medicine itself does not treat the hypothesis of "metastasis" (a fact for it) seriously; it factually contradicts it with each and every blood transfusion, thus contradicting itself (ultimately denying its hypothesis!). A conventional medical man would justify and in fact correctly state that a body to body contagion of cancer had never been observed.

The New Medicine on the other hand consistently argues: every cancer occurrence implies a conflict-shock. Every second instance of cancer is a second conflict-shock. Were this not the case, the opponents of the New Medicine could contradict this (falsify the assertion).

Conclusion to question 3
Conventional medicine assumes that its hypotheses are “facts”. It can be demonstrated, however, that the “factual system” in conventional medicine is contradictory, mostly constructed in such a way that it is not even potentially deniable (and therefore unscientific). The system of the New Medicine, on the other hand, is consistent and potentially deniable. For this reason, it is unscientific, unethical and ultimately damaging not to give the New Medicine any room.
Yet, at the same time, it claims the political power and hence “unscientific” protection privileges conferred on a (service) guild. It is the guild privilege that enables the representatives of conventional medicine to settle scientific disputes with impunity outside of science, through political and power means. Conventional medicine can maintain this practically “impossible” situation because non-medical people (as patients or as politicians) will not, i.e. cannot, utilize the constitutionally given freedom of therapeutic choice, because they fear death and the loss of health that would result from abdicating from the conventional therapy pressed upon them by the entire society. And fear is a poor counselor. For children and the dependant, in cases of therapeutic urgency, the contradiction between “science” and “guild” nowadays is resolved in favour of the guild-views, and hence, unscientifically, by forcing the therapy. Parents or guardians who decline the therapeutic choice for their charges on scientific grounds, attempting to withhold its application, are prosecuted criminally. From an ethical point of view, this is an “impossible situation”, i.e. unethical, and in this case, unconstitutional.

Conclusion to the commentary:
The claim of conventional medicine, emanating from its “guild” status – hence unscientific—to be the exclusive arbiter in deciding a therapy, and already achieved in the case of the therapy of children, is unconstitutional.

In summary
According to the criteria of natural science, the New Medicine, given today’s scientific understanding and today’s best knowledge, must be declared to be correct. On the other hand, conventional medicine is an amorphous mixture of misunderstood (assumed) facts that are not even deniable, and therefore beyond even the possibility of verification. Given the criteria of natural science and given that it is merely a jumble of hypotheses, and in addition, unscientific, conventional medicine should be designated to be false.

Leipzig, Aug 18, 2003

Prof. Dr. Hans Ulrich Niemitz.

GNM

THE "(GERMAN) NEW MEDICINE"

by Dr. med. Ryke Geerd Hamer

The following transcript has been translated from a German tape recording, produced by "Amici di Dirk" Publishing, Cologne, Germany, in 1992.

Dr. Hamer, what prompted your research into cancer and making a connection between the psyche and illness?

I didn't really occupy myself with this subject until 1978. I was a doctor of internal medicine and had worked for fifteen years in university clinics, five as a professor. I also had my own private practice for a few years until 1978. Then a terrible thing happened: while asleep in a boat my son Dirk was shot, without any reason, by a madman, an Italian prince. This was a terrible shock for me, sudden and unexpected, and I was powerless to react.

Everyday events or conflicts don't usually catch us so "off guard". We generally have a chance to anticipate the normal conflicts that we face in life, but the conflicts we are unable to prepare for and which cause this helplessness and inability to react, create in essence a panic shock. We call these biological conflicts.

In 1978 I developed testicular cancer from just such a biological conflict, a so-called "loss conflict". Since I had never been seriously ill, I wondered if my condition had anything to do with the death of my son. Three years later, as chief of internal medicine in a so-called gynecology-oncology clinic at Munich University, I had the opportunity to study female patients with cancer and to compare my findings to see if the mechanism was the same as mine - if they too had experienced such a terrible shock.

I found that all of them, without exception, had experienced the same type of biological conflict as I had. They were able to recollect the shock, the resulting sleeplessness, weight loss, cold hands and the beginning of tumor growth. At the time, my point of view was very different from all the current medical concepts, and when I presented these discoveries to my colleagues,

they gave me an ultimatum: either to deny my findings or leave the clinic immediately.

It sounds like the Middle Ages! How did you react?

I couldn't deny what I believed to be the truth, so of course I left. This unjust dismissal caused me another biological conflict and I lost my self-confidence. I vividly recall my frustration and disappointment at being expelled from the clinic for presenting well-researched, incontestable and new scientific knowledge. I had not thought such a thing possible. It was very traumatic and I had a difficult time examining the last two hundred patients. I finished my studies, however, and on the last day, the IRC - the **IRON RULE OF CANCER** - was born.

Perhaps you can explain in simple terms what the essential criteria of the IRC are?

The IRC is a biological law. It has three criteria. The **first criterion** is that every cancer or cancer-equivalent ailment develops with a **DHS**. This is a very severe, highly acute, dramatic and isolating conflict-occurrence shock that registers simultaneously on three levels:

- in the psyche
- in the brain
- at the organ

The **DHS** is the **D**IRK **H**AMER **S**YNDROME**.** I named it this way because the shock of my son's death caused my testicular cancer. This DHS has since become the main focal point of the New Medicine.

In every individual case of illness, we have to conscientiously find the DHS, with all its variables. We have to think back to the specific occurrence to understand why someone became afflicted with this biological conflict problem; the reason why it was so traumatic; why there was nobody to discuss it with and why it was a problem.

A good doctor has to be able to transpose himself into the soul of an infant, an embryo, an old man, a young girl or even an animal. He must transpose himself into the actual time of the DHS. Only then will he be able to discover the biological conflict and distinguish it from hundreds of other problems.

The IRC has two more criteria?

Yes. The **second criterion** is that at the time of the DHS it is the conflict-content that determines (a) the HH, which is the specific location in the brain, and (b) the location of the cancer or cancer-equivalent in the body's organs. Each conflict has a very specific content which defines itself at exactly the same moment as the DHS. The product/result of the conflict-content is "associative", which means that it happens unconsciously and will therefore bypass our conscious understanding. An example of a typical "water-" or "liquid-" conflict would be from an accident in which a truck driver lost all his oil, or a milkman all his milk. The association with liquid causes a water-related biological conflict which registers as a specific ailment - cancer of the kidney.

That means then that every conflict-content or event relates to a well-defined kind of cancer and is registered in a specific area of the brain?

Yes, a very specific relay in the brain. In the case of the kidney cancer caused by a water or liquid event, a short circuit occurs at the moment of the DHS in a pre-determined place in the brain, causing a problem in the right or left kidney, as the case may be.

This short-circuit can be photographed with computer-tomography (CT) and looks like **concentric rings** on a target, or like a picture of a surface of water into which a stone has been dropped. Radiologists mistake this phenomenon as a defect in the equipment, an artifact. This relay in the brain is called the HH. This name, by the way, comes from my opponents who mockingly called these areas the 'HAMERsche Herde' - Hamer's stoves.

And what is the third criterion of the IRC?

The **third criterion** is that the conflict process corresponds to a specific process of the HH in the brain and a very specific process of cancer or cancer-equivalent illness on the organ. In other words, this biological conflict strikes on three levels simultaneously: the psyche, the brain and the organ. It is now obvious and has been proven that the conflict run is synchronized on all three levels.

The point here is that it is an over-determined system - in the strongest scientific sense because - if you know the exact location of any one of the levels, the other two can be found and de-mystified. This means we have an organism that we can think of in three levels, but is actually one unit.

The following story is an example of this: after a lecture in Vienna in May 1991, a doctor handed me a CT brain scan of a patient, and he asked me to

explain what this person's organic state was and to which conflict it belonged. There were twenty colleagues present, among them some radiologists and CT specialists. Of the three levels, I had only the brain level in front of me. From these brain CT scans I diagnosed a fresh bleeding bladder carcinoma in the healing phase, an old prostate carcinoma, diabetes, an old lung carcinoma and a sensoric paralysis of a specific area in the body and, of course, the corresponding conflicts. The doctor stood up and said "Congratulations, Mr. Hamer! Five diagnoses and five hits. That's exactly what the patient has, and you could even differentiate what he has now and what he had before. Fantastic!". One of the radiologists said "From now on I'm convinced of your method. How could you have guessed the fresh bleeding bladder carcinoma? I could find nothing in the CT scan, but now that you have shown us the control relays, I can follow the findings."

Perhaps we could talk for a moment about the psychic level. How can I find out if I have had a shock from which a cancer might result? How does one recognize it?

There are very specific signs which clearly distinguish the ordinary conflicts and problems in our daily lives. From the very moment of a DHS, a patient will experience continuous stress on the sympathetic nervous system. The symptoms will include cold hands and/or feet, loss of appetite, weight loss, sleeplessness and dwelling day and night on the conflict content. This situation will only change when the patient resolves the conflict. With the biological conflicts we can see the patient getting into long-lasting stress that will cause specific symptoms and a growing cancer. The HH in the brain, which is immediately visible, shows that the patient's psyche has very precisely-known and defined symptoms that simply cannot be overlooked.

What happens now, when such a biological conflict gets solved?

At the point where a biological conflict gets solved, we can see very clear symptoms, on the psychic level, on the brain and on the organ level. On the psychic and vegetative level, we see that the patient is no longer dwelling on the conflict content. The hands suddenly get warm again, the appetite improves, the weight normalizes and the patient sleeps better. There may also be fatigue and weakness and a need to rest. This is in no way the beginning of the end, but it's a very positive sign. This healing phase varies in duration, depending on the prior conflict duration. At the height of the healing phase, when the body retains much water, we see the epilepsy or Epileptoid Crisis (epi-crisis), which shows the unique symptoms of each illness.

After the **Epileptoid Crisis (epi-crisis)**, the body expels water from the edema (infiltration of tissues with water) and slowly returns to normal as the patient regains strength. On the brain level we see the healing phase of the

HH which, in the active conflict phase, had target ring figurations, but now shows an edema. We can see from the CT scan how the rings of the HH darken and blur as the whole relay swells at this point in time. This epilepsy or Epileptoid Crisis (epi-crisis), which actually gets triggered by the brain, also marks the high point of the edema and, respectively, the turning point to normality. In the second half of the **healing phase**, the brain's harmless connective tissue, the glia, fills the HH for repair. This really harmless connective tissue, which on the CT scan we can color white with the help of an iodine contrast substance, was previously mistaken as a brain tumor, and operated on. Since the brain cells themselves CANNOT multiply after birth, REAL brain tumors cannot exist.

On the organ level we see that the cancer growth stops. This means that the biological conflict has been solved - we call this "**conflictolysis**". This is a very important perception for us because, in a way, it defines the therapy that's ahead. On the organ level we see very distinct healing improvements and we will discuss that later. Even the Epileptoid Crisis (epi-crisis) can be seen on the three levels (psyche, brain and organ).

Can you describe such an epilepsy crisis?

The **epileptic crisis** is something Mother Nature devised a billion years ago. It runs concurrently on all three levels. The sense and purpose of the crisis, which happens at the height of the healing phase, is to normalize again. What we call an epilepsy seizure with muscle cramps is only one form of the epileptic crisis, namely after the resolution of a motoric conflict.

Epileptoid crises occur in every illness with some variations in each. Mother Nature created quite a trick for this meaningful event. In the middle of the healing phase, the patient experiences a recurrence of the psychological conflict, which means the patient experiences his/her conflict again for a short time together with cold hands and centralized cold sweat. This happens so that the brain edema gets pressed out and gets eliminated and the patient can return to normal.

After the epileptic crisis, the patient gets warm again and then experiences the first urinary phase. From this epileptic crisis onward, the patient normalizes and no more conflict shocks impede the process. The second urinary phase occurs at the end of the healing phase when the body eliminates the rest of the edema. The danger point lies just before the end of the Epileptoid Crisis (epi-crisis) when it will become evident whether it was enough to turn the disease around. The best-known epileptic crisis is the heart attack. Others are lung embolism, hepatitis or lung infection.
To help the body make the necessary changes, especially in conflicts of long duration, a strong cortisone injection is sometimes necessary. In very difficult cases, the cortisone may be given sooner.

Could you describe some typical conflicts and explain why you call them ”biological conflicts”?

The reason we call them biological conflicts is because historical evolution has to be understood and an analogy found, as the conflicts run the same way in humans and animals alike. They have nothing to do with our intellectual or psychological conflicts or problems. They are conflicts of a fundamentally different quality. They are, by nature, quasi-implanted trouble-events in the archaic behavior program of our brain. You think that you think. In reality, the conflict has already associatively hit a fraction of a second before you even begin to think. For example, when a wolf preys on a young lamb, the lamb’s mother will suffer a mother-child conflict just as a human mother would. She will get teat cancer on the same side as a human mother would get **Breast Cancer**. The side depends on whether the human is left or right-handed or, in the case of animals, left or right-footed.

The HH for the mother-child "nest territory" conflict will be in the same place in the mother’s brain as the relay for the mother-child "relationship". The HH for the child-mother conflict, especially the suck-behavior conflict, will also be in the same place in the infant’s brain as the relay for the child-mother "relationship". All our biological conflicts can be categorized according to this historical evolution. We know that during our historical evolution these rare or unusual events and their consequences have been pre-programmed and that’s why not only organs and brain areas belong together but even conflicts, through historical evolution, became related.

All these psyche-related trouble events lie historically and organically very close together in our brain. They even have the same histological cell formation. We can see such wonderful order in nature once we learn to look at our organism from its evolutionary history.

Could you give a few examples from daily life?

Yes. Let us suppose a mother is holding her child by the hand, standing on the sidewalk and conversing with her neighbor. The child pulls away and runs into the street. The squeal of brakes is heard as the child is hit. The mother had no warning and was caught totally off guard. She freezes from the shock. The child is taken to the hospital and is in critical condition for days. The mother gets ice cold hands, cannot sleep or eat and experiences constant stress from which a knot begins to grow in her left breast, if she is right-handed. She suffers a typical mother-child conflict, with a target formation in the right cerebellum. From the moment the child returns home and the doctor says ”We were lucky, the child is well again” the mother’s hands will warm up and the conflict-solving phase will start; she will sleep better and regain her appetite. This is a typical conflict which has the same consequences in humans as it has in animals.

Another example: A woman catches her husband in bed with her best girlfriend. She will suffer a sexual-frustration conflict. In biological language, the conflict being copulation, it will cause a carcinoma in the uterus of a right-handed woman. Not everyone would necessarily get such a conflict in the same situation. For instance, if the woman didn't love her husband and was contemplating divorcing him, she would not feel this shock as a sexual conflict but rather as a human conflict because of the lack of unity in the family. The conflict would then be a partner conflict that would cause breast cancer in the right breast if the woman was right-handed. What appears to be the same event will have a different psychological significance for every individual.

The decisive issue is not what happened but how the patient felt the experience in the psychic moment of the DHS. This same event could also be a fear-revolt conflict, bringing on hypoglycemia (abnormally low blood sugar), if the woman caught her husband in a very ugly situation, perhaps with a prostitute. Or it could bring on a feeling of self-devaluation with or without a sexual conflict, if the woman caught her husband with a girl twenty years younger. The feeling then may be "I can't compete" or "I can't offer him what she can." In such a case, it would be the skeleton, the pubic bone of the pelvis that would be stricken, where one would see osteolysis (calcium deficiency) as a sign of feelings of sexual self-worthlessness.

You have to know all this to find out what the patient thought at the time of the DHS because it is in that instant that the path is laid on which the course of the illness will continue. This path paints a very significant picture because all eventual set-backs and residual problems will be contingent on this one-time event. We can even talk here about a conflict allergy.

Dr. Hamer, can one already treat a patient with the IRC?

In principle, yes, but the IRC is only the first law of the biological process of the New Medicine. Altogether, we have four biological processes which I have found empirically, which means they are now observable in up to 15,000 collected and documented cases. If one works conscientiously, one should examine all four biological processes.

Let us follow the sequence. What is the second law of the biological process that you found?

The **second biological law** of the New Medicine is the fact that every illness has two phases.

All illnesses? Not only cancer?

Yes, all illnesses have this two-fold phase - ”cold” and ”hot”. In the past, doctors thought they knew about 1,000 illnesses but they were unaware of this two-fold phase. 500 of these would have been ”cold” illnesses in which the patient’s blood vessels contracted, causing pallor and weight loss. The other 500 were ”hot” illnesses with fever caused by dilated blood vessels. This produced tiredness, but no loss of appetite. These ”hot” illnesses were thought to be separate illnesses. We now know that this was incorrect. According to our present knowledge, there are only 500 illnesses but each has two phases. The first is always the ”cold” active conflict phase with the stress on the sympathetic nervous system, and the second, if the conflict is solved, is always the ”hot” recovery healing phase. Of course, the HH for these two phases lies in the same place in the brain, so you can consider them the same HH. In the active conflict phase, the CT scan shows a sharp ringed target configuration and in the healing phase the rings dissolve in the edema.

From this example we see that this biological law is important not only for cancer, but for all of medicine. Even an old buck (a doe's mate) which gets driven out of his territory by a young buck, will be in lasting stress, enduring a biological conflict; namely, a territory conflict with an HH over the right ear in the brain. The buck charges, wanting only to win back his territory. He doesn't eat or sleep, he loses weight and gets a heart cramp or angina pectoris. Organically speaking, he has an ulcera, which means he has small ulcerations in the coronary artery. He charges the younger buck because it is the only way to get the rival out of his territory. After this action he will go into a long-lasting healing (**vagotonic**) phase. He will get his warm extremities back, will eat again and be very tired. At the height of the healing phase, he experiences a heart attack as an Epileptoid Crisis (epi-crisis). If he survives, he will be able to keep his territory. It’s the same in the animal world as with humans. For a man, his territory would be his farm, his own business, the family or his workplace. We have several share-territories; even a car can be a territory.

In humans, a heart attack will only be noticeable if the conflict has lasted at least three or four months; however, if the conflict has lasted longer than a year and the start of the second phase has been overlooked, it is usually fatal. The brain CT scan is a very quick way to diagnose this.

One can ask why medical doctors did not discover this law of the two-fold phases a long time ago, as it is so obvious. The answer is as easy now as it was difficult before. If the conflict does not get resolved, the illness stays in the first phase, meaning that the individual stays in the **active conflict phase**, getting thinner all the time and in the end dying from enervation or cachexia. The law of the two-fold phases in all illnesses applies only where the individual can solve the conflict. Nevertheless, this law applies to every illness and also to every conflict because, in principle, every conflict can be solved in various ways.

How did you discover it?

I discovered the ontogenetic system of tumors and cancer-equivalents after observing about 10,000 cases. I worked absolutely empirically, like a good scientist should. I documented all the collected cases, the CT brain scans with their histological findings. Only after I had put them all together and compared them did I see that there was a system. It was breathtaking, particularly since we had never thought it possible.

There were many patients in whom compact tumors grew with cell-augmentation in the active conflict phase (or sympathicotonic phase) but in others grew something in the healing phase (or vagotonic phase) after the conflict was solved (conflictolysis). It just couldn't be the same illness. So there were two sorts of cell augmentations: one had cell-augmentation in the active conflict phase; and the other had cell-augmentation in the healing phase.

Illnesses which have cell-minus or cell-shrinkage (holes, necrosis or ulcers, also called abscesses) in the active phase - have cell-augmentation in the healing phase. I compared these different findings and could always see the system. The tumors that formed in the active conflict phase cell-augmentation always had their relays together in the medulla oblongata and cerebellum. These two brain parts are together called "the old brain".

Therefore, all cancer processes that develop cell-augmentation in the active conflict phase, have their relay, the HH where they get their directions from, in the old brain. And all cancer illnesses that exhibit cell-augmentation or so-called tumors (but have, in the active conflict phase, holes, ulcers or necrosis), always have their control relay in the cerebrum.

This systematic connection was discovered in 1987 and called the "**Ontogenetic System of Tumors and Cancer-equivalents**". With the iron rule of cancer and the rule that there are two phases in all illnesses, the very first systematic classification of the New Medicine was laid out. ‘Ontogenesis’ means the origin and development of the individual living being. ‘Ontogenetic’ means relating to the development of the individual being. So the ontogenetic system of tumors means that neither the location of the HH in the brain nor the kind of tumor or necrosis that subsequently develops, happen simply by chance, because everything has been logically pre-destined in the historical evolution of man.

It is said that ontogeny is a recapitulation of phylogeny (the evolutionary development of an organism or groups of organisms), which means that the development of the different species up to the human is repeated in the embryonal time of the child and during infancy. We know that during embryonal development, three primitive cell layers are created (actually

called "germ layers") since the very first development of the embryo and all the organs derive from these three primitive **germ layers** (primitive cell layers):

- the inner cell-layer or **endoderm**;
- the middle cell-layer or **mesoderm**; and
- the outer cell-layer or **ectoderm**

Every cell and every organ in our body can be seen in relation to one of these germ layers. The organs that develop from the inner germ layer have their control relay or steering place in the medulla oblongata, the oldest part of the brain. In cancer cases, they produce cell-augmentation with compact tumors of the adeno cell type.

The cells, respectively organs, which developed from the outer germ layer have their control relay or steering place in the cerebral cortex of the cerebrum, the youngest part of our brain. In cancer cases, they all cause cell-minus (cell-diminution) in the form of abscesses or ulcera or they sacrifice a function on the organic level, like diabetes or paralysis.

In the middle germ layer, we must differentiate between the older and the younger group. The cells, respectively organs, belonging to the older group of the middle germ layer, have their relays in the cerebellum, which means they still belong to the old brain and therefore produce a compact tumor of the adenoid cell type in the active conflict phase.

The cells, respectively organs, which belong to the younger group of the middle germ layers, have their steering relay in the marrow layer of the cerebrum (cerebral medulla). They therefore produce necrosis or tissue holes, respectively, cell-dwindling, like holes in bones, the spleen, the kidneys or ovaries, named bone-, spleen-, kidney- osteolysis or ovary necrosis, in the active conflict phase, in cancer cases.

From this, one can see that cancer is not a nonsensical development of wildly growing cells. It is an understandable and even foreseeable occurrence which conforms precisely to the ontogenetic system.

Not all growths are the same. Perhaps you could clarify and explain the differences in growths in specific illnesses?

Yes, that’s exactly why, until now, one couldn't detect a system in cancer formation. According to the present school of medicine, which I now call the ”medicine of pupils”, there is a classification which has no rhyme or reason. People say there is cancer when they see cell proliferation but, as we can now see, cells can develop different growth patters in different phases, as in the active conflict phase and in the healing phase.

For instance, a patient has an indigestion-conflict, as if he has half swallowed a big chunk but can’t digest it. Let’s say he bought a house and suddenly found that the sale contract was not valid, that he had been taken in and lost the house. From this he could develop a stomach carcinoma but also cell-augmentation in the stomach called adeno carcinoma, a cauliflower-like stomach growth. This carcinoma happens in the active conflict phase with the HH on the right side of the medulla oblongata, which is the oldest part of the brain, in the so-called "pons".

Another example: a patient suffers a conflict with water, liquid or an equivalent; while swimming in the ocean, the young patient loses his strength, is close to drowning but is saved at the last minute. For months he dreams about drowning and can't go close to water. He suffers from a renal parenchyma necrosis, which is cell decay in the kidney tissue, until the kidney can no longer function. Years later, the patient takes a holiday with his family by the ocean. As his daughter loves the water, he joins her in the ocean; with this action he solves his conflict. In the healing phase, a big kidney cyst grows, a cell augmentation. This cyst indurates (gets hard) with a kind of connective tissue that helps the kidney in its task of urination. And so we arrive at the original reason for the tumor. These cancers or tumors are by no means senseless; on the contrary, they are something rather useful.

As in our example, when a big chunk is swallowed and not digested, the organism produces a powerful tumor. This tumor grew because the digestive and intestinal cells produced a lot of digestive juice in order to digest the chunk.

This same intelligence can be seen with the kidney cyst which built a big new kidney which could urinate again. This is the reason for the different cell growth tumors which we couldn't distinguish before.

We can now precisely differentiate between them and distinguish them in the brain according to the histological formation and conflicts. All these connections are summarized in this ontogenetic system of tumors and cancer equivalents.

Every illness we know in medicine runs along these four biological laws. They can be examined and reproduced after this ontogenetic system of tumors and cancer equivalents.

The phenomena in the psyche and in the brain are the same, in the same phase, but on the organ level they differ. Here we see the old brain-directed organs developing cell-augmentation in the active conflict phase, while the cerebrum-directed organs form holes, necroses or ulcers or cell-decay in the active conflict phase. In the healing phase they act in reverse. In the healing phase the old brain-directed organs decompose and break down tumors with the help of special microbes, while the cerebrum-directed organs during the

healing phase fill the holes and ulcers with the help of viruses and bacteria, by swelling.

I suppose we now come to the fourth law?

Yes, the **Ontogenetic System of Microbes**.

Dr. Hamer, what role do microbes play in your system? What is the connection with the immune system?

Up until now, we thought that microbes caused infections. This view seemed correct as we found microbes in every infection. But in reality, it is not true. The whole immune system is only a 'fata morgana', built on hypotheses.

In avoidable illnesses we also forgot or overlooked the first phase, the active conflict phase. Only after the conflict is resolved do the microbes become active. As a matter of fact, they are directed and activated by our brain. They are NOT our enemies; they are helping us and are instrumental in ordering our organism. As they are directed from and by our brain, they help us to break down cancer tumors after their task is fulfilled, or while the bacteria and viruses build up the holes, repair necrosis and tissue damage from the other cerebrum groups. They are our faithful helpers, our guest workers! The concept of the immune system, the army that fights against the bad microbes, is simply wrong.

This connection brings lung tuberculosis to mind. How could all those people who, fifty years ago had to stay in sanatoriums, heal their lung TBC?

If we leave the rib cage TBC aside and concentrate on the real lung TBC, then we can say that lung TB was always the healing phase after an advanced pulmonary cancer. This pulmonary cancer is always a death-fear conflict and always directed from our medulla oblongata. It grows in the active conflict phase, but reduces in the healing phase through mycobacteria and tubercular bacteria; if some of these bacteria are present, they will be coughed out, often with blood sputum called expectoration which frightened people and brought them a new death-fear, so that the patients ended up in a vicious circle.

In animals this system functions true to the same pattern; the lung tumors are coughed out and what is left are the cavities which allow better breathing than before; but if the tubercle fungal bacteria are missing, the condition cannot get repaired and healed.

Today, after all these decades of doctoring, we still find some of the old pulmonary conditions even though they are inactive because they can't grow any more. In former days we saw cavities, empty tuberculoma, because tubercular bacilli were everywhere to be found.

Dr. Hamer, perhaps we could come to the practical therapy of the conflicts. Is conversation therapy your first step?

One can't really say that. We don't need conversation therapy as it is used in psychotherapy, but of course we must talk about the problem. Let's look at the animal kingdom again. An animal can only survive by real conflict resolution. The buck will only be able to survive if he regains his territory. The animal mother, robbed of her cub, can only survive if she gets her cub back. Mother Nature has a built-in remedy so that the mother quickly gets a new offspring and solves her conflict.

We should solve our conflicts as practically and as realistically as the animals do. A man whose wife has left him either needs to get his wife back or take another woman. The buck needs his territory back or another territory. A permanent solution is the best solution. If this cannot be done, we have to try talk therapy as a second possibility. The traditional therapy that has been used up until now has been "Take some tranquillizers to calm you down".

Mother Nature has not created this stress phase without a purpose, since it is only because of the stress that the individual will be able to solve his or her conflict. To give the patient the possibility to solve their conflict, one should activate this stress. If you gave tranquillizers to the buck, he would be unable to fight and get his territory back; instead, he would be paralysed to fight off any intruder.

One can see in psychiatry how patients who have been given tranquillizers often become chronically ill. Their natural ability to solve their conflicts has been taken from them with the consequence that some of them have to live the rest of their lives in psychiatric wards.

Dr. Hamer, how can one work therapeutically with the four biological laws that you discovered?

We have to imagine that a patient has three levels: the psyche, the brain and the organ, and together they make up the organism. The new **therapy** should be thought of in terms of these three levels or as extensions of them.

First of all, it is necessary to find the DHS (conflict shock) and the conflict content, if possible, on all three levels. One has to work very conscientiously and carefully. One has to consider, for instance, whether the patient is right or left-handed to establish on which of the two cerebral hemispheres the

patient works. We have to establish the hormonal situation: is a female patient sexually mature or is she pregnant? Is she taking birth control pills which cause a blocking of the hormone production in the ovaries, or is she in menopause? The same is true for a man: through hormonal changes the brain side from which the patient works changes. A woman taking the pill will react in a masculine fashion, with male characteristics. A woman taking birth control pills will react with a territory conflict when her husband walks out on her, walks out of her territory.

We don't look for the conflict only an the level of the psyche; one has to localize it exactly in the brain according to the conflict phase in which we are at the moment of the anamnesis (the patient's account of his past history) and examination. The HH in the brain has to correspond exactly with the cancer illness of the organ. Each specific localization in the brain belongs to a very specific organ in the body or vice versa. The conflict can only be solved starting at the psyche, as the real problem lies beneath the conflict.

The mother's child who had an accident must get healthy again. A man who had a territorial conflict by losing his job must either find another job or territory, retire, join a club or devote his time to a hobby. There are many possible solutions for every conflict. In nature, the solutions are built-in. For example, when the sheep was robbed of her lamb, the sheep solved her conflict by bearing another lamb. In humans too, pregnancy has absolute precedence from the third month on - no cancer can continue to grow as pregnancy has absolute priority.

We experience most complications on the brain level when the edema develops as a sign of healing. The patient's brain pressure has to be watched so that he or she does not fall into a coma. During this phase, in light cases, coffee, tea, dextropur, vitamin C, Coca Cola or an ice pack can be of some help. In more difficult cases, cortisone (in the compatible retard form) is the choice we make today. Cortisone does not cure cancer; it is used only as a symptomatic drug for brain and organic edemas in the healing phase, like for bone pain which happens through bone skin swelling. In difficult cases, patients should take little fluid, keep their heads up and avoid direct sunlight. In the case of a side edema, one should not lie on that side.

On the organic level, what doctors saw as a tumor, whether in the active conflict phase or in the healing phase, was always cut out. On this level we now have a new perspective for the future. If the conflict is solved, it will become an exception to operate or radiate and then only if the growth bothers the patient mechanically, for example, with a big kidney cyst or a big spleen enlargement which has developed after a spleen necrosis in the healing phase (the spleen necrosis was the organic substratum of a bleeding- and injury conflict with reduced thrombocytes in the active conflict phase).

This means we have to shuffle the cards again. With our knowledge of the New Medicine we have to consider: What must still be done, what is

meaningful and what should not be done any more? If a patient today has the choice whether he or she would like to have an intestinal tumor operated on, when the patient knows that the conflict has been solved and the tumor will more than likely never grow again, he or she will say, in 99.9 percent of the cases, "Doctor, if it doesn't irritate me in the next thirty or forty years, I'll take that chance; leave it where it is."

Dr. Hamer, could you explain why the Iron Rule of Cancer is called an 'Iron' Law?

It is called 'iron' because it is a biological law. For example, a child will always have a father and a mother; there will always be two participants that bring about a child. Thus, we have in New Medicine four biological laws:

- the IRC (Iron Rule of Cancer)
- the law of the two-fold phases of all illnesses
- the ontogenetic system of tumors and cancer-equivalent illnesses
- the ontogenetic-dependent system of the microbes

All these laws are as solid and reliable as iron. All laws, in a strong or true scientific sense, have reproducible methodologies: Verification in the next-best patient case. When one has a biological law, it expresses not only that a rule exists, but also how and according to what law something will come about. It doesn't indicate what someone programs into the system, like, for instance, mathematically calculating debits and credits. The importance here is what the organism programs. Is the programming the solving of the conflict (conflictolysis), in which case the therapy will follow automatically, or is he unable to program the conflictolysis, meaning: The conflict remains unsolved, so the individual dies in accordance with the same law. This strict law is the reason it is called "The Iron Rule of Cancer".

Dr. Hamer, what is the time factor that can be expected, especially with regard to the complications that can be expected in the healing phase?

Patients will naturally ask the doctor how long it will take for their illness to heal. If one works carefully and finds the DHS as well as the point in time of the conflict resolution, then it is possible to calculate how long the conflict has lasted. With a good anamnesis, one can also find out how strong the intensity of the conflict content was. From this duration time and the intensity, it is possible to estimate the conflict mass.
Ninety percent of patients usually have no complications in the healing phase. The other ten percent who had a conflict that lasted a long time and of a strong intensity will have a big conflict mass which will only develop after the conflict is resolved. These complications come in the form of an edema in the brain and especially in the form of an epileptic or Epileptoid

Crisis (epi-crisis) within the healing phase. One has to know these complications as they can sometimes lead to death. However, we can save those lives by preparing ourselves to counteract some of the complications during the healing phase, with medications, especially cortisone.

The most important factor in all this is that the patient knows the complications and has complete confidence that the doctor understands the whole process of the illness, because only then will he or she have a completely different and relaxed attitude towards the illness. The doctor will be aware of the conflict-active phase and the conflictolysis phase and will therefore be able to direct the course of therapy in a meaningful way depending on the situation or circumstance. Because of this, great trust will be built between the patient and the doctor. Through this knowledge of the New Medicine, patients are less likely to panic on being told by a doctor that they have purulent angina. What is purulent angina? It is the healing phase after a tonsil adeno carcinoma. Here is what usually happens, however: after taking samples from a patient's tonsils, the doctor tells him or her there is a tonsil carcinoma, which is correct, but the likely result, if the patient doesn't know the New Medicine (now **German New Medicine**®), will be to go into a total panic.

This panic can be responsible for a new conflict shock - for example, cancer-fear-panic or mortal-death-panic - which then triggers a new cancer which, on the face of it, will confirm the doctor's first diagnosis.

What happens in the animal world? We know of very few appearances of a so-called metastasis. A professor from Austria put it this way: Dr. Hamer calls us all 'imbeciles'; he says that animals are lucky because they don't understand the primates and that's why they don't get metastasis.

Dr. Hamer, are you saying that metastasis does not exist?

Absolutely! What the ignorant doctor sees is a new cancer and that's how a new conflict shock starts. First, because of his diagnosis and prognosis. The fairy tale of the metastasis is a fairy tale of unknown and unproven hypotheses. Never has a cancer researcher seen cancer cells in the arterial blood of a cancer patient which is where one would find them if they were to swim in the peripheral parts of the body.

The hypothetical idea that cancer cells transform in the never-observed journey through the blood - i.e., intestinal cancer cells which grow cauliflower-like, compact tumors in the intestine suddenly wandering into the bones where they transform into bone-decaying cells - is a madness that can only come from some kind of medieval dogmatism.

The Ontogenetic System denies any possibility that a cell, steered by the old brain, could possibly produce compact tumors, could suddenly leave its

corresponding brain relay and connect to the younger brain (cerebrum) and become a bone-decaying cell. One can only make a guess, but probably eighty percent of all secondary and tertiary cancer occurrences start in patients because of the doctors' pseudo-therapy.

Dr. Hamer, what role is played by carcinogenic substances, and can healthy nutrition prevent or hinder cancer?

Carcinogenic substances do not exist! Scientists have experimented on so many animals and never found anything that caused cancer. The following idiotic experiment was conducted with rats: for a whole year the rats had concentrated formaldehyde sprayed into their noses, a substance they would normally avoid. These poor animals got mucous membrane cancer in their noses. They did not get it from the formaldehyde but because they couldn't stand the formaldehyde and ended up with a DHS, a biological conflict, because they didn't want to smell the substance!

It is also known that organs, whose nerve connections to the brain have been interrupted, cannot produce cancer.
Nevertheless, more than 1,500 allegedly carcinogenic substances have been found through unnecessary animal experiments. This does not mean that these substances are not poisonous for us, but they do not cause cancer, at least not past our brain. Up until now it was thought that cancer was the result of an organ's wildly growing cells. The assumptions that smoking causes cancer or that Anillin causes cancer are all pure hypothesis and have never been proven and cannot be demonstrated. On the contrary, one experiment with 6,000 hamsters confined with cigarette smoke and 6,000 hamsters which stayed clear of smoke for six years, showed the opposite. The smoke-confined animals lived longer. They overlooked the fact that hamsters don't get frightened by smoke since they live underground and Mother Nature did not see the need for a coded warning sign in their brains.

It's the opposite with house mice; they will run in total death-panic from any smoke. During the Middle Ages one could be sure there was a fire if a lot of mice were seen coming out of a house. In house mice, pulmonary cancer can be induced by a sudden death-fear panic caused by smoke.

These examples should demonstrate that all the experiments with animals being done today are nothing but torture for them and only because no one considers that an animal has a soul. In summary, there is absolutely no proof that carcinogenic substances work directly on the organs past the brain.

What is the danger of radioactive radiation?

Radioactive radiation caused by the accident in Chernobyl will indiscriminately destroy body cells, but particularly the primitive cells and the

bone marrow cells because they naturally have the greatest dividing rate. If the bone marrow gets damaged (this is where blood is made), and the body manages to heal, then we see leukemia which, in principle, is the same as leukemia in the healing phase following bone cancer. The DHS for bone cancer is ”I am worthless”. To be rigorous, one must say that the blood picture of leukemia is non-specific, not only in cancer but in every healing of the bone marrow. The fact that hardly a single patient has survived leukemia is caused by the ignorance of doctors who are administering chemo and/or radiation therapy until the existent bone marrow is exhausted. It is exactly the opposite of what is needed. In short, radiation is bad; it kills cells, but it does not create cancer; cancer can only be brought on in the brain through a conflict shock (DHS).

What about health food?

Health food that can prevent cancer is also nonsense. A healthy and well-nourished individual, human or animal, will naturally be less subject to all kinds of conflicts, as are the rich, who are ten times less likely to get cancer than the poor because the rich can solve so many conflicts with money.

Strong, healthy animals get less cancer than sick, old animals which of course lies in the nature of things; but one is not more cancerous because of age; no, the animal is just weaker, as the old buck is weaker and will get more easily pushed out of his territory than a stronger and healthier young buck.

Dr. Hamer, what is the significance of pain in the New Medicine? At present, it is taken as a negative sign.

Yes, pain is an especially difficult problem. We have different pain groups: pain in the active conflict phase, like in angina pectoris or a stomach ulcer, and pain in the healing phase which is caused through scar tissue formation. The pain in the active conflict phase of angina pectoris disappears the moment the conflict is solved. This pain can also be solved psychologically.

In contrast, the healing pain in principle is positive if the patient understands the connections and prepares himself for the pain. Just like preparing yourself for a big job which you want to master. Of course, one has options to relieve the pain with medication or external treatments. In the biological sense, pain experienced by humans and animals means that the whole organism is set to rest for optimal healing. For instance, with bone cancer, the stretching of the skin in the healing phase is very painful; in liver cases it is tension, the swelling of the liver in the hepatic phase that causes pain; after ribcage cancer, the cicatrizing pain of the later healing phase by the crusting of the pleura ribcage; and the crusting of the ascites which presents itself in the healing phase after a stomach peritoneum cancer.

The worst thing about the present medicine is that most patients with cancer, regardless of the pain (even in mild cases), are treated with morphine or morphine-like drugs. At the critical part of the healing phase, one morphine injection can already be fatal. It also changes the brain waves in a terrible way and totally demoralizes the patient. The intestines get paralysed and can no longer digest any food. The patient becomes lethargic and doesn't realize that, in reality, he is being killed, just when he was in the healing phase, on his way to health in a few weeks. If one were to tell a prisoner in jail that he will be executed in two weeks, there would be an outcry of sympathy, even for the worst criminal. If you tell a patient that the execution starts in the form of a morphine injection and will end in fourteen days, he would rather stand the pain than be killed by the morphine. If the patient looks back on the relatively short time in pain, he is thankful for the New Medicine and the trust he had in his doctor.

But don’t the doctors know that, people ask in disbelief. Of course they know. However, except for some exceptions, they conveniently take the dogmatic point of view that the pain is the beginning of the end; that there is nothing else to do other than shorten the suffering right away. The natural healing of cancer is simply ignored for dogmatic reasons, so that cancer remains a deadly illness for the ignorant patient who can be manipulated.

How would you summarize the importance of the New Medicine; what is its essence?

The New Medicine is a complete revolution of the present 'hypothetical medicine'. School-medicine needs 500 to 1,000 hypotheses and some 1,000 extra hypotheses because, with their collection of facts, they know nothing other than working statistically.

The doctors who work with the New Medicine (German New Medicine) know exactly, for the first time in history, which biological laws our illnesses follow; and they know, in a way, that they are not real illnesses, because the active conflict is a necessity if the conflict is to be solved. The conflicts are therefore something beneficial and we should try to heal them within the frame of nature. It is possible for the first time to see our illnesses in a holistic, complete way, on the psychic, brain and organ levels, following all four biological laws (**now five**).

Medicine has again become an art for the doctor with a warm heart and a healthy human understanding. The New Medicine (German New Medicine) cannot be stopped. Neither can the new mentality which lies at its core.

The total estrangement from oneself, which is the worst form of human slavery, will come to an end. The anxiety caused by a loss of confidence in one’s own mind and body will disappear. Understanding the connection

between the psyche and the body, the patient will also understand the mechanism of the irrational panic after hearing a prognosis of allegedly unavoidable dangers which become unavoidable and mortal because the patient believes the prognosis.

So too will end the fear of an alleged ‘self-destructive cancer mechanism’ from which allegedly 'life-consuming metastases grow'. This belief gives the doctors enormous power and responsibility which, in reality, they never accept, nor can accept. They now have to give the responsibility back to the patients. The New Medicine (German New Medicine) can be a real liberation, for a person who really understands it.

Dr. Hamer, what is the meaning of the title ‘Legacy of a New Medicine’?

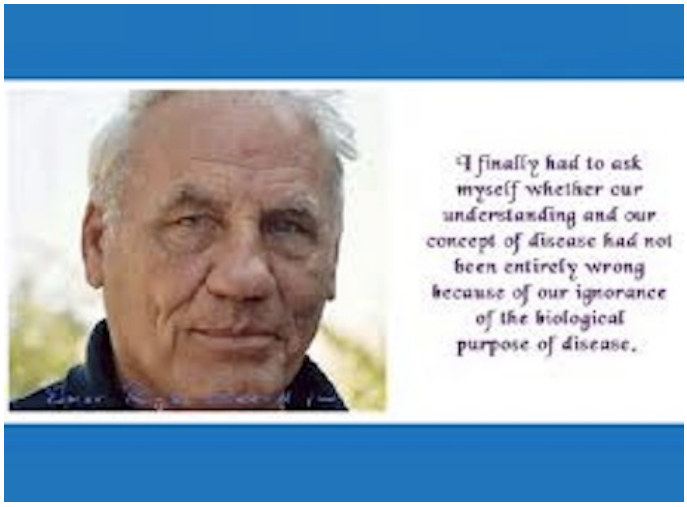
I feel that the knowledge of the New Medicine (German New Medicine) is the legacy of my dead son, **Dirk**. Through his death I myself became ill with cancer. With an honest heart, I have the authority to pass on this legacy to all stricken patients so that, with its help, they will understand their illness, overcome it and recover their health.

Translated July 1992

Interview with Dr. Hamer on The Germanic/German New Medicine (GNM).

The Spanish call GNM “La Medicina Sagrada”, the Sacred Medicine.

Recent research in Germany, Austria, France, the US and Denmark has confirmed Dr. Hamer's findings; that emotional conflicts create cancer, and solving the conflicts in question stops the cancer growth.


"I finally had to ask myself whether our understanding and our concept of disease had not been entirely wrong because of our ignorance of the biological purpose of disease.

The following has been translated from a tape recording produced in German by "Amici di Dirk" Verlag, Koln, Germany in 1992.

Question 1 - Dr. Hamer, what prompted your research into cancer and making a connection between the psyche and disease?

I didn't really occupy myself with this until 1978. I was a doctor of internal medicine and had worked in university clinics for fifteen years, five of them as a professor. I also had my own private practice for a few years until 1978. Then a terrible thing happened: while asleep on a boat, my son Dirk was shot, for no reason, by a madman, an Italian prince. This was a terrible shock for me, sudden and unexpected, and I was powerless to react.

Everyday events or conflicts don't usually catch us so "off guard". We generally have a chance to anticipate the normal conflicts that we face in life, but the conflicts we are unable to prepare for and which cause this helplessness and inability to react, create, in essence, a panic shock. We call these biological conflicts.

In 1978 1 developed testicular cancer from such a biological conflict, a so-called "loss conflict". Since I had never been seriously ill, I wondered if my condition had anything to do with the death of my son. Three years later, as chief of internal medicine in a gynecology-oncology clinic at Munich University, I had the opportunity to study female patients with cancer and to compare my findings to see if their mechanism was the same as mine; if they too had experienced such a terrible shock.

I found that all of them, without exception, had experienced the same type of biological conflict as I had. They were able to recollect the shock, the resulting sleeplessness, weight loss, cold hands and the beginning of tumor growth. At the time, my point of view was very different from all the current medical concepts, and when I presented these discoveries to my colleagues, they gave me an ultimatum: either to deny my findings or leave the clinic immediately.

Question 2 - It sounds like the Middle Ages! How did you react?

I couldn't deny what I believed to be the truth, so of course I left. This unjust dismissal caused me another biological conflict; I lost my self confidence. I vividly recall my frustration and disappointment at being expelled from the clinic for presenting well-researched, incontestable and new scientific knowledge. I had not thought such a thing possible. It was very traumatic and I had a difficult time examining the last two hundred patients. I finished my studies, however, and on the last day, the IRC - the IRON RULE OF CANCER - was born.

Question 3 - Perhaps you can explain in simple terms what the essential criteria of the IRC are?

The IRC is a biological law. It has three criteria. The first is that every cancer or cancer-equivalent ailment develops with a DHS - this is a very severe, highly acute, dramatic and isolating conflict-occurrence shock that registers simultaneously on three levels:

a) in the psyche
b) in the brain
c) on the organ

The DHS is the DIRK HAMER SYNDROME. I called it this because the shock of my son's death caused my testicular cancer. This DHS has since become the main focal point of the German New Medicine.

In every individual case of disease, we have to conscientiously find the DHS with all its variables. We have to think back to the specific occurrence to understand why someone has become afflicted with this biological conflict problem; the reason why it was so traumatic; why there was nobody to discuss it with and why it was a problem.

A good doctor has to be able to transpose himself into the soul of an infant, an embryo, an old man, a young girl or even an animal. He must transpose himself into the actual time of the DHS. Only then will he be able to discover the biological conflict and distinguish it from hundreds of other problems.

Question 4 - The IRC has two more criteria?

Yes. The second is that at the time of the DHS it is the conflict-content that determines
(a) the HH, which is the specific location in the brain, and
(b) the location of the cancer or cancer-equivalent in the body's organs.

Each conflict has a very specific content that defines itself at exactly the same moment as the DHS. The product/result of the conflict-content is “associative", which means that it happens unconsciously and will therefore bypass our conscious understanding.

For example, a driver involved in an accident whose truck loses all its oil, or a milkman whose truck loses all its milk, are examples of typical “water-related” or “liquid-related” conflicts. The association of the shock from the accident with the liquid causes a water-related biological conflict that registers as a specific ailment - cancer of the kidney.

Question 5 - That means then that every conflict-content or event relates to a well-defined kind of cancer and is registered in a specific area of the brain?

Yes, a very specific relay in the brain. In the case of the kidney cancer caused by a water or liquid related occurrence, a short circuit occurs at the moment of the DHS in a pre-determined place in the brain, causing a problem in the right or left kidney, as the case may be.

This short-circuit, which shows up as a lesion on the brain, can be photographed with a computed-tomography (CT) and **looks like the concentric rings on a target, or like a picture of a surface of water into which a stone has been dropped.** Radiologists mistake these rings as a defect in the equipment. This relay in the brain is called the HH. This name, by the way, comes from my opponents who mockingly called these areas the 'Hamersche Herd' - Hamer's comical seats.

Question 6 - And what is the third criterion of the IRC?

The third criterion is that the conflict course corresponds with a specific course of the HH in the brain and a very specific course of cancer or cancer equivalent disease in the organ.

In other words, this biological conflict strikes on three levels simultaneously: the psyche, the brain and the organ. It is now obvious and proven that **the course of the conflict is synchronized on all three levels.** The point is that it is a pre-determined system in the strongest scientific sense because, if you know the exact location of any one of the levels, the other two can be found and unlocked. This means we have an organism that we can think of in three levels, but it is actually one unit.

The following story will illustrate this point: after a lecture I gave in Vienna in May 1991, a doctor handed me a brain computed-tomogram of a patient and asked me to disclose the person's organic state and to which conflict it belonged. There were twenty colleagues present, including some radiologists and CT specialists. Of the three levels, I had only the brain level in front of me. From these brain CT scans I was able to diagnose a fresh bleeding bladder carcinoma in the healing phase, an old prostate carcinoma, diabetes, an old lung carcinoma and a sensoric paralysis of a specific area in the body and, of course, the corresponding conflicts. The doctor stood up and congratulated me. “Five diagnoses and five hits. That's exactly what the patient has, and you were even able to differentiate what he has now and what he had before. Fantastic!" One of the radiologists told me " I'm convinced of your method. How could you have guessed the fresh bleeding bladder carcinoma? I could find nothing in the CT scan but now that you have shown us the relay, I can follow the findings."

Question 7 - Perhaps we could talk for a moment about the psychic level. How would I know that I have had a shock from which a cancer might result? How would I recognize it?

There are very specific signs which clearly distinguish the ordinary conflicts and problems in our daily lives. From the very first moment of a DHS, you would experience continuous stress on the sympathetic nervous system. The symptoms would include cold hands and/or feet, loss of appetite, weight loss, sleeplessness and dwelling day and night on the conflict content. This situation will only change when the conflict has been resolved. In contrast to normal everyday problems, we see the patient falling into a lasting stress phase that will cause specific symptoms and a growing cancer. The HH in the brain, which is immediately visible, shows that the patient's psyche has very precise, defined symptoms that cannot be overlooked.

Question 8 - What happens then, when such a biological conflict has been solved?

When a biological conflict has been solved we can see very clear symptoms, on the psychic level, the brain level and on the organ level. On the psychic and vegetative level, we see that the patient is no longer dwelling on the conflict content. Hands suddenly get warm again, appetite improves, weight normalizes and the patient sleeps better. There may also be fatigue and weakness and a need to rest. This is in no way the beginning of the end, but it's a very positive sign. This healing phase varies in duration, depending on the duration of the prior conflict. At the height of the healing phase, when the body retains a lot of water, we see the epileptic or epileptoid crisis, which shows a different symptom for every disease.

After the epileptic-epileptoid crisis, the body expels water from the edema (infiltration of tissues with water) and slowly returns to normality and the patient feels his strength returning.

On the brain level we see the parallel development - where the HH in the conflict active phase showed a target ring configuration, during the healing phase it shows an edema. We can see on the CT scan how the rings of the HH darken and blur as the whole relay swells at this point in time. This epileptic or epileptoid crisis, triggered by the brain, marks the high point of the edema and, respectively, the turning point to normality.

In the second half of the healing phase, the brain's harmless connective tissue, the glia, fills the HH to repair it. This really harmless connective tissue, which we can colour white on the CT scan with an iodine contrast substance, was previously mistaken as a brain tumor and operated on. Since the brain cells themselves CANNOT multiply after birth, REAL brain tumors cannot exist.

On the organ level we see that the cancer growth stops. This means that the biological conflict has been solved - we call this "conflictolysis". This is a very important perception that charts the therapy ahead. On the organ level we see very distinct healing improvements which we will discuss later. Even the epileptic crisis appears on the corresponding two levels as well as on the organ level (psyche, brain and organ).

Question 9 - Can you describe such an epileptic crisis?

The epileptic crisis is something Mother Nature devised a billion years ago. It runs on all three levels at the same time. It happens at the height of the healing phase, its purpose being to normalize again. What we usually call an epileptic cramp-spasm with muscle cramps is only one form of the epileptic crisis, namely, after resolving a motoric conflict.

Epileptoid crises occur in every disease but with some variations in each. Mother Nature created quite a trick for this meaningful event. In the middle of the healing phase, the patient experiences a recurrence of the physiological conflict, which means the patient experiences his/her conflict for a short time (stress phase) all over again including cold hands, centralized cold sweat and all the symptoms of the conflict active phase. This happens so that the brain edema gets suppressed and the fluid eliminated from it and the patient can return to normal.

After the epileptic crisis, the patient will warm up and then experience the first small urinary phase. From this epileptic crisis on, the patient is on the road to normality. In other words, if the patient can get past this crisis, a further complicated or serious crisis is unlikely. The second urinary phase occurs at the end of the healing phase when the body eliminates a mass of urine which is the rest of the edema. The danger point lies just before the end of the epileptic-epileptoid crisis when it will become evident whether or not the epileptic crisis was enough to steer the regulator or controller (in the brain) around. The best-known epileptic crisis is the heart infarct. The epileptoid crisis is a lung embolism, hepatitis crisis or pneumonia crisis.

To assist the body in making the necessary changes, especially in conflicts of long duration, a strong cortisone injection is sometimes necessary. In very difficult cases, the cortisone may be given sooner.

Question 10 - Could you describe some typical conflicts and explain why you call them "biological conflicts"?

The reason we call them biological conflicts is because historical evolution has to be understood and an analogy found, as the conflicts run analogously in humans and animals. Biological conflicts have nothing to do with our intellectual or psychological conflicts or problems. They are of a fundamentally different quality. They are, by nature, quasi-implanted trouble-events in the archaic behaviour program of our brain. You think that you think. **In reality, the conflict has already associatively hit a fraction of a second before you even began to think.**

For example, when a wolf preys on a young lamb, the lamb's mother will suffer a mother-child conflict just as a human mother would. She will get teat cancer on the same side as a human mother would get breast cancer. The side depends on whether the human is left or right-handed or, in the case of an animal, left or right-footed.

The HH for the mother-child "nest territory" conflict will be in the same place in the mother's brain as the relay for the mother-child "relationship". The HH for the child-mother conflict, especially the suck-behaviour conflict, will also be in the same place in the infant's brain as the relay for the child-mother child relationship. All our biological conflicts can be categorized according to this historical evolution. When the special behaviour was programmed throughout our historical evolution, not only the organs and brain

areas belonged together but even the conflicts became related.

All these psyche-related trouble events lie historically and organically very close together in our brain. They even have the same histological (organic tissues) cell formation. We can see such wonderful order in nature once we learn to look at our organism from its historical evolution.

Question 11 - Could you give a few examples from daily life?

Suppose a mother is standing on the sidewalk holding her child by the hand, and chatting with her neighbour. The child pulls away and runs onto the street. The screech of brakes is heard as the child is hit by a car. The mother has no warning and is caught totally off guard. She freezes from the shock. The child is taken to the hospital and is in critical condition for days. The mother gets ice cold hands, cannot sleep or eat and experiences constant stress from which a knot begins to grow in her left breast, if she is right handed. She suffers a typical mother-child conflict, with a target formation in the right cerebellum. From the moment the child returns home and the doctor says "We were lucky, the child is well again" the mother's hands will warm up and the conflict-solving phase will start; she will sleep better and regain her appetite. This is a typical conflict with the same consequences in humans and animals.

Another example: a woman catches her husband in bed with her best girlfriend. She will suffer a sexual-frustration conflict. In biological language, the conflict being copulation, it will cause a carcinoma in the uterus of a right handed woman. Not everyone would necessarily get such a conflict in the same situation. For instance, if the woman didn't love her husband and was contemplating divorcing him, she would not feel this shock as a sexual conflict but rather as a human conflict because of the lack of togetherness in the family. The conflict would then be a partner-conflict that would cause breast cancer in the right breast if the woman was right-handed. What appears to be the same event will have a different psychological significance for every individual.

The decisive issue is not what happened but how the patient felt the experience in the psychic moment of the DHS. This same event could also be a fear-revolt conflict, bringing on hypoglycemia (abnormally low blood sugar), if the woman caught her husband in a very ugly situation, perhaps with a prostitute. Or it could bring on a feeling of self-worthlessness with or without a sexual conflict, if the woman caught her husband with a girl twenty years younger than her. Her feeling then might be "I can't compete" or "I can't offer him what she can." In such a case, it would be the skeleton, the pubic bone of the pelvis, that would be stricken, where one would see osteolysis (calcium deficiency) as a sign of feelings of sexual self-worthlessness.

You have to know all this to find out what the patient thought at the time of the DHS be cause it is in that instant that the path is laid on which the course of the disease will continue. This path paints a very significant picture because all eventual setbacks and residual problems will be contingent on this one-time event. We can even talk here about a conflict allergy.

Question 12 - Dr. Hamer, can one already treat a patient with the IRC?

In principle, yes, but the IRC is only the first law of the biological process of the German New Medicine. Altogether, we have five biological processes which I have found empirically, which means they are now observable in up to 15,000 collected and documented cases. If one works conscientiously, one should examine all five biological processes.

Question 13 - Let us follow the sequence. What is the second law of the biological process that you found?

The second biological law of the German New Medicine is the fact that every disease has two phases.

Question 14 - All diseases? Not only cancer?

Yes, all diseases have two phases - "cold" and "hot". In the past, doctors saw about 1,000 diseases but were unaware of these two phases. 500 would have been "cold" diseases when the blood vessels contract, causing pallor and weight loss. The other 500 would have been "hot" diseases with fever, dilated blood vessels, great tiredness and a good appetite. All these avoidable diseases were thought of as separate diseases. We now know that this was incorrect.

According to our present knowledge, only 500 diseases have two phases. The first is always the "cold" conflict active phase with the stress on the sympathetic nervous system, and the second, if the conflict can be solved, is always the "hot" recovery-healing phase. Of course, the HH for these two phases lies in the same place in the brain, so you can consider them as the same HH. In the conflict active phase, the CT scan shows a sharp ring target and, in the healing phase, the rings dissolve in the edema.

From this example, we see that this biological law is important not only for cancer but for all medicine. Even an old hart (a deer's mate) which has been driven out of his territory by a young hart will be in lasting stress, enduring a biological conflict - namely, a territorial conflict, with an HH over the right ear in the brain. The hart will charge the younger one, wanting to win back his territory. He can't eat or sleep, he loses weight and eventually gets a heart cramp or angina pectoris. Organically speaking, he has an ulcera, which means he has small abscesses in the coronary artery. He charges the younger hart because it is the only way to get the rival out of his territory. After this, he will go into a long-lasting healing (vagotony) phase. He will get his warm extremities back, will eat again and then be very tired. At the height of the healing phase, he will experience a heart infarct as an epileptoid crisis. If he survives, he will be able to keep his territory. It is the same in the animal world as with humans. For a man, his territory could be his farm, his own business, the family, his workplace, etc. We have several share-territories; even a car can be a territory.

In humans, a heart infarct will only be noticeable if the conflict has lasted at least three or four months; however, if the conflict has lasted more than a year and the start of the second phase has been overlooked, it is usually fatal. The brain CT scan is a very quick way to diagnose this. One could ask why medicine has not discovered this law of the two phases long ago since it is so obvious.

The answer is as easy as it was difficult before. If the conflict does not get solved, the disease stays in the first phase, meaning that the individual stays in the conflict active phase, gradually getting thinner and in the end, dying from enervation or cachexia. The law of the two phases in all diseases applies only where the individual can solve the conflict. Nevertheless, this law applies to every disease and, respectively, to every conflict because, in principle, every conflict can be solved in various ways.

Question 15 - Dr. Hamer, what is the third biological law you found?

It is the ontogenetic system of tumors and cancer equivalents.

Question 16 - What does the technical term "ontogenetic" mean?

Ontogenetic means that all diseases in medicine derive from the historical evolution of man.

Question 17 - How did you discover it?

I discovered the ontogenetic system of tumors and cancer-equivalents after observing about 10,000 cases. I worked absolutely empirically, like a good scientist should. I documented all the collected cases and the CT scans of the brain with their histological findings. Only after I had put them all together and compared them did I see that there was a system. It was breathtaking, particularly since we had never thought it possible.

There were many patients in whom compact tumors grew with cell augmentation in the conflict active phase (or sympathicotony phase) but others grew something in the healing phase (or vagotony phase) after the conflict had been solved (conflictolysis). It just couldn't be the same disease. So there were two sorts of cell augmentations:

(i) one in the conflict active phase; and
(ii) the other in the healing phase.

Diseases which have cell-dwindling or cell-shrinkage (holes, necroses or ulcers, also called abscesses) in the active phase - have cell-augmentation in the healing phase. I compared these different findings and always saw the system. The tumors that formed in the conflict active phase cell augmentation always had their relays together in **the brain stem and cerebellum. These two brain parts are together called "the old brain"".**

All cancer diseases, therefore, which build cell-augmentation in the conflict active phase, have their relay in the old brain from where they get their directions. And all so-called tumors, which are really only an overflowing kind of healing symptom built through cell-augmentation during the healing phase, have their relays in **the cerebrum.**

This systematic connection was discovered in 1987 and called the “ontogenetic system of tumors and cancer-equivalents". With the Iron Rule of Cancer and the law that there are two phases in all diseases, the very first systematic classification of the German New Medicine was laid out.

'Ontogenesis' means the origin and development of the individual living being. 'Ontogenetic' means relating to the development of the individual being. So the ontogenetic system of tumors means that neither the location of the HH in the brain nor the kind of tumor or necrosis that subsequently develops, happen simply by chance, because everything has been logically predestined in the historical evolution of man.

It is said that ontogeny is a recapitulation of phylogeny (the evolutionary development of an organism or groups of organisms), which means that the development of the different species up to the human is repeated in the embryonic time of the child and during infancy. We know that the three primary cell layers are created in the first weeks of human embryonic development and all the organs derive from these three primary cell layers:

(i) the inner or endoderm
(ii) the middle or mesoderm
(iii) the outer or ectoderm

Every cell and every organ in our body can be seen in relation to one of these cell layers. The organs that develop from the inner cell layer have their relay or steering place in the brain stem, the oldest part of the brain. In cancer cases, they produce cell-augmentation with compact tumors of the adeno cell type.

The cells, respectively organs, which develop from the outer cell layer have their relay or steering place in the cerebral cortex of the cerebrum, the youngest part of our brain. In cancer cases they all cause cell dwindling in the form of abscesses or ulcera or they sacrifice a function on the organic level, like diabetes or paralysis.

In the middle cell layer, we must differentiate between the older and the younger group. The cells, respectively organs, which belong to the older group of the middle cell layer, have their relays in the cerebellum, which means they still belong to the old brain, and therefore produce a compact tumor of the adenoid cell type in the conflict active phase.

The cells, respectively organs, which belong to the younger group of the middle cell layers, have their steering place in the medullary layer of the cerebrum. They therefore produce necroses or tissue holes, respectively, cell dwindling like holes in bones, the spleen, the kidneys or ovaries, named bone-, spleen-, kidney-osteolyse or ovary necrosis, in the conflict active phase.

From this one can see that cancer is not a nonsensical development of wildly growing cells. It is an understandable and even foreseeable occurrence which adheres precisely to the ontogenetic system.

Question 18 - Not all growths are the same. Perhaps you could clarify and explain the differences in growths in specific diseases?

Yes, that's exactly why, until now, one couldn't detect a system in cancer formation. The present school of medicine, which I now call the "medicine of pupils", has a classification with no systematic connection. People say there is cancer when cells produce an overflowing growth but, as we can now see, cells can build different overflowing growth in different phases, as in the conflict phase and the healing phase.

For instance, a patient has an indigestion-conflict, as if he has half swallowed a big chunk but can't digest it. Let's say he bought a house and suddenly found that the sale contract was not valid, he had been taken in and he lost the house. From this shock he could develop a cell-augmentation in the stomach called adeno carcinoma which is a cauliflower-like growth in the stomach. This carcinoma happens in the conflict active phase with the HH on the right side of the brain stem, the oldest part of the brain, in the so-called "pons".

Another example: a patient suffers a conflict with water, liquid or an equivalent; while swimming in the ocean, the young patient loses his strength, is close to drowning but is saved at the last minute. For months he dreams about drowning and can't go close to water. He suffers from kidney cancer (parenchyma necrosis) and develops cell decay (necrosis) in the kidney tissue (parenchyma), until the kidney can no longer function. Years later, the patient goes on holiday with his family to the ocean. As his daughter loves the water, he joins her; with this action he solves his conflict. In the healing phase, a big kidney cyst grows, a cell augmentation. This cyst gets hard (indurates) from a kind of connective tissue that helps the kidney in its task of urination. And so we arrive at the original reason for the tumor. These cancers or tumors are by no means senseless; on the contrary, they are something rather useful.

As in our example, when a big chunk is swallowed but cannot be digested, the organism produces a big tumor. This is not senseless because the digestive cells and intestinal cells produce a lot of digestive juice in order to make the chunk more digestible.

This same intelligence can be seen with the kidney cyst which built a big new kidney to urinate again. This is the reason for the different cell growth tumors which we couldn't distinguish before.

We can now precisely differentiate between them and distinguish them in the brain according to the histological formation and conflicts. All these connections are summarized in this ontogenetic system of tumors and cancer equivalents.

Every disease we know in medicine runs along these five biological laws. They can be examined and reproduced after this ontogenetic system of tumors and cancer equivalents.

The phenomena in the psyche and in the brain are equal during the same phase, but on the organic level they differ. Here we see the old brain steering organs which build cell-augmentation in the conflict active phase, while the cerebrum steers the organs to form holes, necroses and ulcers in the conflict active phase.

In the healing phase they act in reverse. In the healing phase the old brain steers organs to break down tumors **with the help of special microbes,** while the cerebrum is steering organs to fill the holes, necroses and ulcers **with the help of viruses and bacteria,** by swelling.

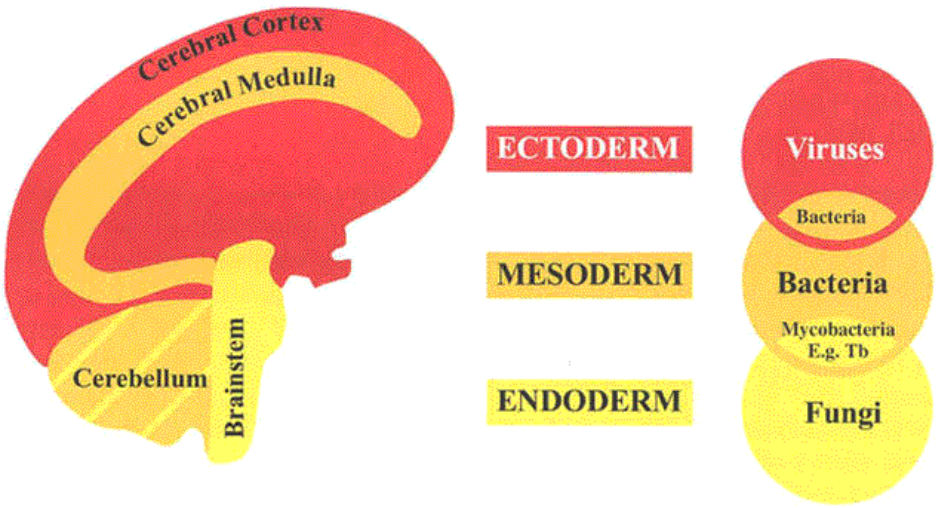
Question 19 - I suppose we now come to the fourth law?

Yes, the ontogenetic system of microbes.

Question 20 - Dr. Hamer, what role do microbes play in your system? One hears in this connection a lot about the immune system.

Up until now, we had thought that microbes caused infections. This view seemed correct as microbes are found in every infection. In reality, it is not true. The whole immune system is only a 'fata morgana', built on hypothesis.

In avoidable diseases we also forgot or overlooked the first phase, the conflict active phase. Only after the conflict is solved do the microbes become active. Indeed, they are directed and activated by the brain. They are NOT our enemies; they help us and work on the ordering of our organism. Since they are directed from the brain, **they help break down cancer tumors after their task is fulfilled, or build up the holes, necroses and tissue damage from the other cerebrum groups.** They are our faithful helpers, our guest workers! The concept of the immune system, the army that fights against the bad microbes, is simply wrong.



BRAIN - GERM LAYERS - MICROBES

Question 21 - This connection brings lung tuberculosis to mind. How could all those people, fifty years ago, who had to stay in sanatoriums, heal their lung TBC?

If we leave the rib cage TBC to one side and concentrate on the real lung TBC, then we can say that lung TB was always the healing phase after an advanced pulmonary cancer. This pulmonary cancer was always a death-fear conflict (the lungs) and always directed from our brain stem. The tumor grows in the conflict active phase, but reduces in the healing phase through the tubercular fungi bacteria, if some of these bacteria are present. They will then be coughed out, often with blood sputum called expectoration, which is what frightened people and brought on a new death-fear. One can recognize it was a vicious circle.

In animals it functions true to the pattern; the lung tumors are coughed out and what is left are the cavities which allow better breathing than before; but if the tubercular fungi bacteria are missing, then the round lesions in the lungs will remain.

Today, after all these decades, we still find some of the old pulmonary lesions although they are inactive since they can no longer grow. In former days we saw the cavities, empty tuberculomen, because there were tubercular fungi bacteria everywhere.

Question 22 - Can you tell us something of the 5th Biological Law?

The 5th Biological Natural Law is truly the quintessence of the previous four Laws. This quintessence contains not only the previous strictly scientific laws, but also opens a new dimension. It is, as it were, the soul of the German New Medicine. To take yet another step; in one stride, this 5th Natural Law allows us to connect the scientific facts with that which we have previously thought to be something transcendental, supernatural, parapsychological, or explainable only by religion, something which we feel and experience, but for which there has been no room in scientific thinking models. This law gives us an understandable connection to the universe that surrounds us and of which we are part.

In essence, every disease should be understood as an evolutionary meaningful biological program of nature. In other words, **every disease presents a specific program that solves an exceptional, unanticipated biological conflict.** It is a new way of looking at disease as a significant biological program of nature interpreted through the evolution of species.

We can now see and comprehend for the first time not only that there is a natural order, but that each individual process in nature has significance with respect to everything that exists.

Question 23 - Dr. Hamer, perhaps we could come to the practical therapy of the conflicts. Is conversation therapy your first step.

Not really. We don't need conversation therapy as it is used in psychotherapy, but we must of course talk about the problem. Let's look at the animal kingdom again. An animal can only survive by real conflict resolution. The hart will only be able to survive if he regains his territory. The animal mother robbed of her cub can only survive if she gets her cub back. Mother Nature has a built-in remedy so that the mother quickly gets a new offspring and solves her conflict.

We should solve our conflicts as practically and as realistically as the animals. A man whose wife has left him either needs to get his wife back or get another woman. The hart needs his territory back or another territory.
A permanent solution is the best solution.

If this cannot be done, we try talk therapy as a second possibility. The traditional therapy used up until now has been "Take some tranquillizers to calm you down".

Mother Nature has not created this stress phase without purpose, since it is only because of the stress that the individual will be able to solve his or her conflict. **This stress must be activated to allow the patient the possibility to solve their conflict.**

If you were to give tranquillizers to the hart, he would be unable to fight and regain his territory; instead, he would be paralysed from fighting off any intruder.

One can see in psychiatry how patients who have been given tranquillizers often become chronically ill. **Their natural ability to solve their conflicts has been taken from them** with the consequence that some of them have to live the rest of their lives in psychiatric wards.

Question 24 - Dr. Hamer, how can one work therapeutically with the five biological laws that you discovered?

We have to imagine that a patient has three levels: the psyche, the brain and the organ which, together, form the organism. The new therapy should be thought of in terms of these three levels or as extensions of them.

First of all, it is necessary to find the DHS (conflict shock) and the conflict content, if possible, on all three levels, and this has to be done very conscientiously and carefully. Consideration has to be given as to whether the patient is right or left-handed to establish on which of the two cerebral hemispheres the patient works.

We have to establish the hormonal situation: is a female patient sexually mature or is she pregnant? Is she taking birth control pills (which cause blocking of the hormone production in the ovaries), or is she in menopause? The same is true for a man: through hormonal changes, the brain side on which the patient works changes. So, a woman who takes the pill will react in a masculine fashion, with male characteristics; a woman taking birth control pills will get a territorial conflict when her husband walks out on her, walks out of her territory.

We don't look for the conflict on the level of the psyche only; one has to localize it exactly in the brain according to the conflict phase in which we are at the moment of the anamnesis (the patient's account of his past history) and examination. The HH in the brain has to correspond exactly with the cancer disease of the organ. Each specific localization in the brain belongs to a very specific organ in the body or vice versa. The conflict must be solved starting at the psychic level, as **the real problem is the basis of the conflict.**

The mother's child who had an accident must get healthy again. A man who had a territorial conflict because he lost his job must either find another job or territory, retire, join a club or devote his time to a hobby. There are many possible solutions for every conflict. In nature, the solutions are built-in. For example, when the sheep was robbed of her lamb, she solved her conflict by bearing another lamb. In humans too, pregnancy has absolute precedence from the third month on - no cancer can continue to grow as pregnancy has absolute priority.

We experience most complications on the brain level when the edema develops as a sign of healing. The patient's brain pressure has to be watched so that he or she does not fall into a coma. In light cases, during this phase, coffee, tea, dextropur, vitamin C, Coca Cola or an ice pack can be of some help. In more difficult cases, cortisone (in the compatible retard form) is the choice we make today. Cortisone does not cure cancer; it is used only as a symptomatic drug against the brain and organic edemas in the healing phase, like for bone pain which happens through bone skin swelling. In difficult cases, patients should take little fluid, keep their heads up and avoid direct sunlight. In the case of a side edema, one should not lie on that side.

On the organic level, what doctors saw as a tumor was always cut out, whether in the conflict active phase or in the healing phase. On this level we now have a new perspective for the future. If the conflict has been solved, it will become an exception rather than the rule to operate or radiate and then only if the growth bothers the patient mechanically, for example, with a big kidney cyst or a big spleen enlargement which has developed after a spleen necrosis in the healing phase. (The spleen necrosis was the organic substratum of a bleeding and injury conflict with reduced thrombocytes (blood platelets) in the conflict active phase.)

This means we have to shuffle the cards again. With our knowledge of the German New Medicine we have to consider: what must still be done, what is meaningful and what should not be done any more. If a patient today has the choice of whether he or she would like to have an intestinal tumor operated on, when the patient knows that the conflict has been solved and the tumor will more than likely never grow again, he or she will say, in 99.9 per cent of the cases, "Doctor, if it doesn't irritate me in the next thirty or forty years, I'll take that chance; leave it where it is."

Question 25 - Dr. Hamer, could you explain why the IRC is called an 'Iron' Law?

It is called 'iron' because it is a biological law. The fact that a child must always have a father and a mother is an example of a biological law; there must always be two participants to bring about a child. In the German New Medicine there are five biological laws:

- the IRC (Iron Rule of Cancer)
- the two phases of all diseases
- the ontogenetic system of tumors and cancer-equivalent diseases
- the ontogenetic-dependent system of microbes
- understanding every so-called disease which follows the law (understood ontogenetically and phylogenetically) of a unique program in nature and is at the same time full of significance.
- psyche programs. When a conflict is solved, a certain program becomes activated and the therapy follows automatically; but if a patient is unable to resolve the conflict, according to these biological laws, the program will not proceed and the individual will die. This strict law is the reason it is called "The Iron Rule of Cancer".

Question 26 - Dr. Hamer, what is the time factor that can be expected, especially with regard to the complications that can be expected in the healing phase?

The patient will naturally ask the doctor how long it will take for his/her disease to heal. If one works carefully and finds the DHS as well as the time it took before the conflict was solved, then it is possible to calculate how long the conflict lasted. With a good anamnesis, one can also find out how strong the intensity of the conflict content was. From this duration time and the intensity, it is possible to estimate the conflict mass.

Epileptic or epileptoid crisis within the healing phase. One has to know these complications as they can sometimes lead to death. However, we can save those lives by preparing ourselves to counteract some of the complications during the healing phase with medication, especially cortisone.

The most important factor in all this is that the patient knows the complications and has complete confidence that the doctor understands the whole process of the disease, because only then will he or she have a completely different and relaxed attitude towards the disease. The doctor will be aware of the conflict active phase and the conflictolysis phase and will be able to direct the course of therapy in a meaningful way depending on the situation or circumstance. Because of this, great trust will be built between the patient and the doctor.

A patient is less likely to panic when told by a doctor that he/she has purulent angina. What is purulent angina? It is the healing phase after a tonsil adeno carcinoma. Doctors have increased the practice of taking samples from a patient's tonsils. The doctor then tells the patient that he/she has a tonsil carcinoma, which is true, but the likely result will be the patient going into a total panic. This panic can be responsible for a new conflict shock - for example, cancer-fear-panic or mortal-death-panic - triggering a new cancer which, on the face of it, will confirm the doctor's first diagnosis.

Question 27 - Dr. Hamer, are you saying that metastasis does not exist?

Absolutely! What the ignorant doctor sees is **a new cancer** and from his diagnosis and prognosis **gives the patient a new conflict shock.** The fairy tale of the metastasis is a fairy tale of unknown and unproven hypothesis. No cancer scientist has ever seen cancer cells in the arterial blood of a cancer patient, which is where one would find them if they were to swim in the peripheral parts of the body.

Question 28 - Dr. Hamer, what role is played by carcinogenic substances, and can healthy nutrition prevent or hinder cancer?

Carcinogenic substances do not exist. Scientists have experimented on so many animals and never found anything that caused cancer. There was an idiotic experiment conducted with rats when, for a whole year, the rats had concentrated formaldehyde sprayed into their noses, a substance they would normally avoid. These poor animals got mucous membrane cancer in their noses. They did not get it from the formaldehyde but because they couldn't stand the formaldehyde so they ended up with a DHS - a biological conflict of NOT-WANTING-TO-SMELL the substance!

Question 29 - What is the danger of radioactive radiation?

The radioactive radiation caused by the accident in Chernobyl will indiscriminately destroy body cells, particularly the primitive cells and the bone marrow cells because they naturally have the greatest dividing rate. If the bone marrow, where the blood is made, gets damaged, and the body manages to heal, then we see leukemia which, in principle, is the same as the leukemia in the healing phase after bone cancer. The DHS for bone cancer is "I am worthless".

To be rigorous, one must say that the blood symptoms of leukemia are unspecific, not only in cancer, but in every healing of the bone marrow. The fact that hardly a single patient has survived leukemia is caused by the ignorance of doctors who are administering chemotherapy and/or radiation therapy until the existing bone marrow is exhausted. **It is exactly the opposite of what is needed.**

In short, radiation is bad; it kills cells, but it does not create cancer as cancer can only start from the brain.

Question 30 - What about healthy nutrition?

The idea that health food can **prevent** cancer is also nonsense. A healthy and well-nourished individual, human or animal, **will naturally be less subject to all kinds of conflicts** (as are the rich, who are ten times less likely to get cancer than the poor because they can solve so many conflicts with a cheque book).

Question 31 - Dr. Hamer, what is the significance of pain in the German New Medicine? At present, it is taken as a negative sign.

Yes, pain is an especially difficult problem. We have different pain groups: pain in the conflict active phase, like in angina pectoris or a stomach ulcer, and **pain in the healing phase which is caused through swelling, edema or scar tissue formation.** The pain in the conflict active phase of the angina pectoris **disappears the moment the conflict is solved.** This pain can be solved on the psychic level.

Of course they know. But it is more convenient to take the dogmatic point of view that pain is the beginning of the end and that there is nothing else to do but shorten the suffering right away. **The body's own natural healing is simply ignored, so cancer remains a deadly disease for the ignorant patient who can be manipulated.**

Question 32 - How would you summarize the importance of the German New Medicine; what is its essence?

The German New Medicine is a complete reversal of the present 'hypothetical medicine'. That medicine needs 500 to 1,000 hypotheses and some 1,000 extra hypotheses because, with their collection of facts, they know nothing other than working statistically.

Question 33 - Dr. Hamer, what is the meaning of the title 'Legacy of a German New Medicine'?

I believe that the knowledge of the German New Medicine is the legacy of my dead son, Dirk. Through his death I myself became ill with cancer. With an honest heart, I have the authority of this legacy to pass on to all those stricken with disease so that they, with the help of the German New Medicine, can understand their disease, overcome it and recover their health.

Glossary of Terms:

Anamnesia: Recollection of the past
Brain stem: The oldest brain
Cachexia: Ill health or death induced through prognosis, medication, overdose, radiation and/or chemotherapy
Carcinoma: A cancer (in traditional medical terms)
Cerebellum: The old brain
Cerebrum: The new brain divided into two hemispheres - a right handed patient .. right brain side is the male side and left brain side is the female side. In a left-handed patient it is reversed
Conflict active phase: "Active phase" - from the old brain, it is tissue growth; from the new brain, it is tissue breakdown. This is reversed in the healing phase
Conflictolysis: Resolution of conflict
CT Scan: Computed Tomography of the brain
DHS: Dirk Hamer Syndrome - conflict shock - the conflict content determines the HH in the brain and the location of cancer on the organ
Edema: Infiltration of tissue with fluid; sign of restitution/ healing phase
Enervation: Deprivation of nerve force or vigour
Fata Morgana: Mirage - anything that appears to be real but is not
Healing Phase: "Hot" healing phase only after a conflict has been solved (cancer stops)
HH: HAMERschenHerd - HH in the brain is the relay area from the brain to the organ location
Histology: Study of tissues
IRC: Iron Rule of Cancer
Sympathicotonia: Active disease phase
Vagotonia: Healing phase

Websites:
http://www.newmedicine.ca/interview.php
http://www.germannewmedicine.ca/documents/glossary.html

NOTE:
Dr. Hamer has established the University of Sandefijord in order to officially teach the GNM at a certification level. The curriculum is in progress and until it is fully established, those teaching the GNM need his express permission to do so. To be able to teach the principles of the GNM on an effective level, it takes a considerable amount of knowledge, experience and expertise.

The following list shows some of the relationships between psycho/emotional-conflict/trauma and target organs:

Adrenal cortex - Wrong direction, gone astray
Bladder - Ugly conflict, dirty tricks
Bone - Loss of self-worth, of self esteem - self devaluation
Breast milk gland - Involving care or disharmony
Breast milk duct - Separation conflict
Breast, left (right-handed) - Conflict concerning child, home, mother
Breast, right (right-handed) - Conflict with partner or others
Bronchials - Territorial conflict
Cervix - Severe frustration
Colon - Ugly indigestible conflict
Esophagus - Cannot have it or swallow it
Gall Bladder - Rivalry conflict
Heart - Perpetual conflict
Intestines - Indigestible chunk of anger
Kidneys - Not wanting to live, water or fluid conflict
Larynx - Conflict of fear and fright
Liver - Fear of starvation
Lung - Fear of dying or suffocation, including fear for someone else
Lymph glands - Loss of self-worth associated with the location
Melanoma - feeling dirty, soiled, defiled
Middle ear - Not being able to get some vital information
Mouth - Cannot chew or hold it
Pancreas - Anxiety-anger conflict with family members, inheritance

Prostate - Ugly conflict with sexual connections or connotations
Rectum - Fear of being useless
Skin - Loss of integrity
Spleen - Shock of being physically or emotionally wounded
Stomach - Indigestible anger, swallowed too much
Testes and Ovaries - Loss conflict
Thyroid - Feeling powerless
Uterus - Sexual conflict

"Metastasis":

The concept of “metastasis” is such, that if the German New Medicine becomes accepted, the word will disappear. As a fact, metastasis simply means a second cancer, i.e. a cancer in addition to the one that was already there. Conventional medicine, however, ties the word to the hypothesis that the first cancer somehow – through some kind of inner bodily contagion – causes the second one. The German New Medicine does not belie the “second cancer” yet it states that there is no metastasis. It states that every second cancer is initiated by its own particular conflict. Tragically, these are mostly conflicts that can be explained by the diagnosis of cancer (**animals seldom show metastases**).

The suppositions that cancer spreads in the body through some sort of inner contagion is a hypothesis, i.e. assumption (yet in conventional medicine it has the status of fact). If this inner-bodily contagion existed, all blood transfusions ought to be prohibited on the basis of the danger of infection with cancer. Up to now there is no “cancer blood test”, and there is no information available regarding injection of tumour markers to potential blood donors to test for cancer. This demonstrates that conventional medicine itself does not treat the hypothesis of “metastasis” (a fact for it) seriously; it factually contradicts it with each and every blood transfusion, thus contradicting itself (ultimately denying its hypothesis!). A conventional medical man would justify and in fact correctly state that a body to body contagion of cancer had never been observed.

The German New Medicine on the other hand consistently argues: every cancer occurrence implies a conflict-shock. Every second instance of cancer is a second conflict-shock. Were this not the case, the opponents of the German New Medicine could contradict this (falsify the assertion).

- If it is true that cancer cells travel via the blood stream, why is donated blood not screened for cancer cells, and why is the public not being warned by the health authorities of the risks of coming in contact with the blood of a cancer patient?
- If it is true that cancer cells migrate via the blood stream, why are cancers of the blood vessel walls or of the heart not the most frequent cancers, since those are the tissues that would be most exposed to cancer cells traveling in the blood and lymph?
- If it is true that cancer cells metastasize to other organs by way of the lymph system, how is it possible that a "metastasizing" cancer develops in the lungs or in the bones (statistically the most frequent sites of "metastatic tumors"), although these tissues are not supplied with lymph fluid?
- If it is true that secondary tumors are caused by cancer cells migrating through the blood or lymph system, why do cancer cells of a primary tumor rarely travel to adjacent tissues, for example, from the uterus to the cervix or from the bones to neighboring muscle tissue?
- If it is true that cancers metastasize to the brain, why are cancer cells allowed to pass the blood-brain-barrier that functions as a vital filter to prevent harmful substances from entering the brain?
- Why do we never hear about "brain tumor" cells metastasizing from the brain to an organ, let's say, to the prostate, to the bones, or to the breast? Based on the prevalent doctrines this would translate, for example, into brain cancer cells causing lung cancer!!

DR. HAMER:
"All so-called diseases have a special biological meaning. While we used to regard Mother Nature as fallible and had the audacity to believe that She constantly made mistakes and caused breakdowns (malignant, senseless, degenerative cancerous growths, etc.) we can now see, as the scales fall from our eyes, that it was our ignorance and pride that were and are the only foolishness in our cosmos.

Blinded, we brought upon ourselves this senseless, soulless and brutal medicine. Full of wonder, we can now understand for the first time that Nature is orderly (we already knew that), and every occurrence in Nature is meaningful, even in the framework of the whole, and that the events we called diseases are not senseless disturbances to be repaired by aspiring sorcerers. Nothing in Nature is meaningless, malignant or diseased."

PLEASE NOTE THAT DR. HAMER'S WORK IS GROUNDBREAKING, BUT OTHER PROTOCOLS SHOULD ALSO BE

CONSIDERED, UNDERSTOOD, INCLUDED AND APPLIED IN THE ELIMINATION OF CANCER.

MANY ALTERNATIVE PROTOCOLS ARE EXTREMELY VALID AND CAPABLE OF NEUTRALIZING CANCER SUCH AS FOCUSED pH BALANCE, OXYGENATION, DETOX AND SLEEP.

HAVING SAID THAT, ADDRESSING THE MIND/BODY CONNECTION IS STILL CRITICALLY IMPORTANT AND SHOULD NOT BE OVERLOOKED, UNDERESTIMATED OR EXCLUDED!